2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004292

Entity Name: FRANCIS CAUFFMAN, INC.

FILED Dec 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2120 ARCH PHILADELF	1 ST. PHIA,, PA 1910	03			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2120 ARCH PHILADELF	1 ST. PHIA,, PA 1910	03			
FEI Number:	23-2185704	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	EDWIN F ASVILLE RD. SEE, FL 32303	3 US			
The above in the State		ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E: EDWARD	BLANTON			
	Electronic	Signature of Registered Agen	t	Date	
		(2)(b), F.S., the corporation did not	receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CTD () E HOFFMANN, NEI 2120 ARCH ST. PHILADELPHIA,,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP ()[CRISPINO, JAME 2120 ARCH ST. PHILADELPHIA,,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () [COLCIAGHI, ANT 2120 ARCH ST. PHILADELPHIA,,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ()E BETANCOURT, E 2120 ARCH ST. PHILADELPHIA,,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) I LEBOWITZ, STE 2120 ARCH ST. PHILADELPHIA,,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E HUMMEL, HARR' 2120 ARCH ST. PHILADELPHIA,,		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J COLCIAGHI DVP 12/04/2008 Date