


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

<b>DOCUMENT # N00000003056</b> 1. Entity Name <b>THE RAYMOND AND Z. VALEERE SASS FAMILY FOUNDATION, INC.</b>					
Principal Place of Business <b>7580 REGENCY LAKES DRIVE E 501 BOCA RATON, FL 33433</b>			Mailing Address <b>7580 REGENCY LAKES DRIVE E 501 BOCA RATON, FL 33433</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SASS, Z V 7580 REGENCY LAKES DR APT E5 BOCA RATON, FL 33433-6969</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <i>There is NO change always been as shown</i> SIGNATURE <i>[Signature]</i> <b>6/21/06</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$297.50</b>			<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SASS, Z VALEERE 7580 REGENCY LAKES DR E-501 BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SASS, STEVEN M 11 STABLEMERE CT BALTIMORE, MD 21209</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SASS, RONNEE MS 2119 MALCOLM ROAD LOS ANGELES, CA 90025</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>STEVEN SASS, Director &amp; U.I. 6/21/06</b> <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					

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06022006 REIN-NP CR2E099 (11/05)

4. FEI Number 65-1014883 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL

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07/07/06--01024--013 \*\*61.25

Division of Corporation  
P.O. Box 6198  
Tallahassee FL 32314-6198  
Attn Tyrone Scott

June 21, 2006

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Re Letter 406A00038433

And Notice of Dissolution or Revocation, document N00000003056  
Raymond and Z. Valeere Sass Family Trust

Dear Mr. Scott:

In respect to your letter of June 7, 2006, attached is our check for \$61.25 and a request for abatement of the additional fee that has been assessed against the Sass Foundation.

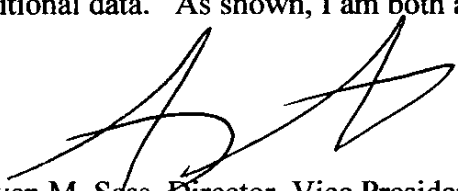
I am sure the issue is a matter of some small paperwork / filing error, since the Foundation DID pay the fee in time last year, as it always has, AND no refund or returned check was ever sent by the Florida Department of State or anyone else.

The Sass Foundation is a small organization giving funds to a number of groups [such as some Florida hospitals and Universities.] Unlike many organizations, there are no paid staff, and the directors take only a token amount for their efforts each year.

In several past years, we paid the annual Florida fee by way of credit card on line. In 2005, because of my absence from the country, payment was made by check, but still in a timely manner.

Can you also let me know if a copy of the Federal Tax form should be sent to anyone in Florida government? Other states require this, but every address I have used in Florida sends the forms back

I hope this will resolve the issue, but you are welcome to phone or e mail me if you require additional data. As shown, I am both an Officer and Director of the Foundation



Steven M. Sass, Director, Vice President and Treasurer  
11 Stablemere  
Baltimore Md. 21209  
410-602-8401  
CRESTLN@EAPLS.COM

attachments

Annual fee  
Request for abatement

cc. Z. Valeere Sass, President