

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000005976

FILED  
Oct 18, 2005  
Secretary of State

**Entity Name:** THE ROTHSCHILD CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1108 KANE CONCOURSE  
SUITE 310  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1108 KANE CONCOURSE  
SUITE 310  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

**FEI Number:** 65-7057743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINN, JAY H  
1108 KANE CONCOURSE  
SUITE 310  
BAY HARBOR ISLANDS, FL 33154 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JAY HOWARD LINN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: ROTHCHILD, LEIGHT M  
Address: 3025 MEADOW LANE  
City-St-Zip: WESTON, FL 33331

Title: PD ( ) Delete  
Name: LINN, JAY H  
Address: 1108 KANE CONCOURSE SUITE 310  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D ( ) Delete  
Name: JAHN, F. LORRAINE  
Address: 400 N. ASHLEY PLAZA SUITE 3000  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY HOWARD LINN

P/D

10/18/2005

Electronic Signature of Signing Officer or Director

Date