

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006406

FILED  
Oct 18, 2005  
Secretary of State

**Entity Name:** THE WILLIAM AND DALE BERKOWITZ FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

990 BLVD OF THE ARTS  
#1203  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

990 BLVD OF THE ARTS  
#1203  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 65-6351894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERKOWITZ, WILLIAM  
990 BLVD OF THE ARTS  
#1203  
SARASOTA, FL 34236 US

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

BERKOWITZ, DALE S MRS  
990 BLVD OF THE ARTS  
#1203  
SARASOTA, FL 34236 US

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: DALE S BERKOWITZ

10/18/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BERKOWITZ, WILLIAM  
Address: 990 BLVD OF THE ARTS, #1203  
City-St-Zip: SARASOTA, FL 34236

Title: VPD ( ) Delete  
Name: BERKOWITZ, DALE  
Address: 990 BLVD OF THE ARTS, #1203  
City-St-Zip: SARASOTA, FL 34236

Title: VPD ( ) Delete  
Name: BERKOWITZ, JEFFREY  
Address: 7868 CAVANAGH CT  
City-St-Zip: SARASOTA, FL 34240

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

Title: PD (X) Change ( ) Addition  
Name: BERKOWITZ, DALE S MRS  
Address: 990 BLVD OF THE ARTS, #1203  
City-St-Zip: SARASOTA, FL 34236

Title: VPD (X) Change ( ) Addition  
Name: BERKOWITZ, DAVID L MR  
Address: 89 KINGFISHER DR  
City-St-Zip: MIDDLETOWN, NJ 07748

Title: VPD (X) Change ( ) Addition  
Name: BERKOWITZ, JEFFREY A MR  
Address: 7868 KAVANAGH CT  
City-St-Zip: SARASOTA, FL 34240

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: DALE S BERKOWITZ

PD

10/18/2005

Electronic Signature of Signing Officer or Director

Date