

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 19 AM 11:02

DOCUMENT # N00000006626

1. Corporation Name

THE GOLDSTEIN FAMILY FOUNDATION, INC.

600156132886
05/18/09--01029--020 **490.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
10479 STONEBRIDGE BLVD.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33498

Country
USA

3. Mailing Office Address
4 EXECUTIVE BLVD.

Suite, Apt. #, etc.
SUITE 200

City & State
SUFFERN, NY

Zip
10901

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/04/2000

5. FEI Number
65-1045440

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SHELDON S. GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable)
10479 STONEBRIDGE BLVD.

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33498

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 05/12/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GOLDSTEIN, JEFFREY P.	4 EXECUTIVE BLVD., SUITE 100	SUFFERN, NY 10901
VPD	GOLDSTEIN, JOSHUA T.	4 EXECUTIVE BLVD., SUITE 200	SUFFERN, NY 10901
VPD	GOLDSTEIN, SHELDON S.	10479 STONEBRIDGE BLVD.	BOCA RATON, FL 33498
STD	CICCONE, JEANETTE	4 EXECUTIVE BLVD., SUITE 200	SUFFERN, NY 10901
REINSTATEMENT 05-09 PB 5/20/09			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JOSHUA T. GOLDSTEIN

05/12/2009

845-357-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #