2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECHETARY OF STATE DOCUMENT # N00000008330 1. Entity Name THE TONER FAMILY FOUNDATION, INC. 04 NOV 19 AM 10: 21 REINSTATEMENT_04 Principal Place of Business Mailing Address 5315 EVERWOOD RUN 5315 EVERWOOD RUN SARASOTA, FL 34235 SARASOTA, FL 34235 3. Mailing Address SAMC AS 2 Principal Place of Business 5315 EVCR Word Run 10222004 REIN-NP CR2E099 (6/04) Applied For SAR A SITA City & State 4. FEI Numbe 65-1061872 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATSON, DAVIDS

240 S PINEAPPLE AVE, 9TH FLOOR

5315 EVEY WOLD ROY Street Address (P.O. Box Number is Not Acceptable)

SARASOTA. FL 34236 JAMES TONCK SARASOTA-FL-34236 5315 EVER WOOD RUN SARASUTA FL34235 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. red Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$122.50 Florida Department of State corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DPT TITLE TITLE Delete TONER, JAMES P NAME NAME STREET ADDRESS 5315 EVERWOOD RUN STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-7IP Delete Change Addition DVS TITLE TITLE NAME TONER, EDNA R NAME STREET ADDRESS **900043303549** 203204-<u>-01053--</u>002_**61 STREET ADDRESS 5315 EVERWOOD RUN CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34235 ☐ Delete TITLE Change Addition TITLE NAME TONER, JEFFREY M NAME STREET ADDRESS STREET ADDRESS 313 53RD STREET WESTERN SPRINGS, IL 60558 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE TONER, JAMES JR NAME NAME 1427 WATERFORD GREEN DRIVE STREET ADDRESS STREET ADDRESS MARIETTA, GA 30068 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE TONER, ANDREW NAME NAME STREET ADDRESS STREET ADDRESS 107 BUCKBOARD LANE CITY-ST-ZIP FAIRFIELD, CT 06430 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE , TONER, CARY NAME NAME STREET ADDRESS 6 HIGHCROFT LANE STREET ADDRESS CITY-ST-ZIP MALVERN, PA 19355 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

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URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

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