
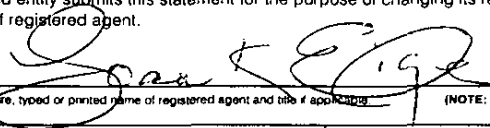
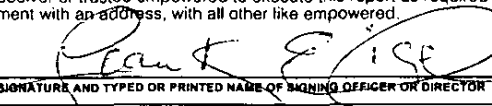


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00493 1. Entity Name THE EDWARD AND LUCILLE KIMMEL FOUNDATION, INC.					
Principal Place of Business 625 N. FLAGLER DR., ROOM 506A W. PALM BCH., FL 33401				Mailing Address 625 N. FLAGLER DR., ROOM 506A W. PALM BCH., FL 33401	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2380662	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELGEN, JOAN K 625 N. FLAGLER DR., ROOM 506A W. PALM BCH., FL 33401				Name EIGEN, JOAN K Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Dr, Room 506A City W. Palm Beach FL Zip Code 33401	
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.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 4/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT KIMMEL, LUCILLE 126 CASA BENDITA PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200103288452 05/25/07--01024--020 **131.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EIGEN, JOAN K. 1616 N. OCEAN BLVD. PALM BEACH, FL <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	D BARTH, DEBORAH 1327 WINDY HILL RD. MC LEAN, VA 22102 <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	D KIMMEL, DAVID 612 N JEFFERSON ST ARLINGTON, VA 22205 <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	D EIGEN, DAVID 5 RUSTIC LANE WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Eigen, David 5 Rustic Lane Westport CT 06880 <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/26/07 Daytime Phone # 561.832.1111	

FILED
07 APR 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

0607

K. Eckel MAY - 7 2007