

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001947

FILED
Oct 29, 2008
Secretary of State

Entity Name: DR. SHELDON AND FERN HARR DAY SCHOOL, INC.

Current Principal Place of Business:

8200 PETERS RD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8200 PETERS RD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 23-7449716 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COHN, ALAN B
100 WEST CYPRESS CREEK ROAD
TRADE CENTER SOUTH, SUITE 700
FORT LAUDERDALE, FL 33309 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: ALAN B. COHN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHN, ALAN
Address: 8800 N. LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: P () Delete
Name: COHN, ALAN
Address: 8200 PETERS ROAD
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: ANCHELL, ILENE
Address: 10050 NW 14 STREET
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: SCHNEIDER, PAUL
Address: 8200 PETERS ROAD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: CHALIK, JASON
Address: 8200 PETERS ROAD
City-St-Zip: PLANTATION, FL 33324

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

Title: DST (X) Change () Addition
Name: HELITZER, CALVIN
Address: 8200 PETERS ROAD
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALAN B. COHN

D

10/29/2008

Electronic Signature of Signing Officer or Director

Date