

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000009619

1. Entity Name
ADELE YOUNGSTROM CHARITABLE FOUNDATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 PM 3:18

Principal Place of Business
% DAVID A. KOFSKY
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD, FL 33021

Mailing Address
% DAVID A. KOFSKY
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD, FL 33021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212004 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number
11-3667940

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLSTEIN, MITCHELL L ESQ.
4800 N. FEDERAL HIGHWAY
SUITE 207-D
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$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

TITLE CD
NAME KOFSKY, DAVID ☐ Delete
STREET ADDRESS 4141 N. 35TH AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
NAME KOFSKY, LIZ ☐ Delete
STREET ADDRESS 4141 N. 35TH AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
NAME BUSH, MISTY ☐ Delete
STREET ADDRESS 3440 HOLLYWOOD BLVD., STE 450
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 600042161276
STREET ADDRESS 10/25/04--01072--016 ***61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/04