

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

07 OCT 29 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000003660**

1. Corporation Name

**Jesilyn's Faith Foundation For  
PRADER-Willi Syndrome**

2. Principal Office Address - No P.O. Box #

**231 GREEN POINT CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Office Address

**231 GREEN POINT CIRCLE**  
Suite, Apt. #, etc.

City & State

**PAIM BEACH GARDENS, FL**

Zip

**33418**

Country

**U.S.A.**

City & State

**PAIM BEACH GARDENS, FL**

Zip

**33418**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4-29-2003**

5. FEI Number

**57-1166539**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required  
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

**IRA LEVINE**

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

**231 GREEN POINT CIRCLE**

Suite, Apt. #, Etc.

City

**PAIM BEACH GARDENS**

State

**FL**

Zip Code

**33418**

☒ 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.

**100111463531**

**10/25/07 01000 002 \*\*183.26**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/26/07**

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
<b>Pres</b>	<b>MICHAEL LEVINE</b>	<b>13 Doris Drive West</b>	<b>Cherry Hill, NJ 08003</b>
<b>VPres</b>	<b>Jodi Kaufgraben</b>	<b>23 Manor House Drive</b>	<b>Cherry Hill NJ 08003</b>
<b>Sec/Treas</b>	<b>Renee Levine</b>	<b>231 Green Point Circle</b>	<b>Palm Beach Gardens, FL 33418</b>
<b>Dir.</b>	<b>IRA LEVINE</b>	<b>231 Green Pt. Cir. P.O. Box 33418</b>	<b>PAIM BEACH GARDENS FL 33418</b>
<b>Dir.</b>	<b>Ross Kaufgraben</b>	<b>23 Manor House Drive</b>	<b>Cherry Hill, NJ 08003</b>

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

*[Signature]* **IRA LEVINE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/27/07**

Date

**856-577-5484**

Daytime Phone #