

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003660

FILED
Jan 27, 2012
Secretary of State

Entity Name: JOSILYN'S FAITH FOUNDATION FOR PRADER-WILLI SYNDROME, INC.

Current Principal Place of Business:

231 GREEN POINTE CIRCLE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

231 GREEN POINTE CIRCLE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 57-1166539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, IRA
231 GREEN POINTE CIRCLE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: IRA LEVINE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEVINE, MICHAEL
Address: 13 DORIS DRIVE WEST
City-St-Zip: CHERRY HILL, NJ 08003

Title: ST
Name: LEVINE, RENEE
Address: 23 MANOR HOUSE DRIVE
City-St-Zip: CHERRY HILL, NJ 08003

Title: D
Name: LEVINE, IRA
Address: 23 MANOR HOUSE DRIVE
City-St-Zip: CHERRY HILL, NJ 08003

Title: VP
Name: LAUFGRABEN, JODI
Address: 23 MANOR HOUSE DRIVE
City-St-Zip: CHERRY HILL, NJ 08003

Title: D
Name: LAUFGRABEN, ROSS
Address: 23 MANOR HOUSE DRIVE
City-St-Zip: CHERRY HILL, NJ 08003

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL LEVINE

P

01/27/2012

Electronic Signature of Signing Officer or Director

Date