

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000010988

**FILED**  
**Oct 18, 2004**  
**Secretary of State****Entity Name:** THE EDUCATIONAL ASSISTANCE FOUNDATION FOR DESCENDANTS OF HUNGARIAN IMMIGRANTS  
IN THE PERFORMING ARTS, INC.**Current Principal Place of Business:**3400 N.E. 192 STREET  
#1809  
AVENTURA, FL 33180**New Principal Place of Business:****Current Mailing Address:**3400 N.E. 192 STREET  
#1809  
AVENTURA, FL 33180**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**WEINBERGER, BARRETT N  
3400 N.E. 192 STREET  
#1809  
AVENTURA, FL 33180 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** WEINBERGER, BARRETT N  
**Address:** 3400 NE 192 STREET  
**City-St-Zip:** AVENTURA, FL 33180**Title:** D ( ) Delete  
**Name:** ODZA, FRANCES  
**Address:** 209 WESTWIND WAY  
**City-St-Zip:** DRESHER, PA 19025**Title:** D ( ) Delete  
**Name:** ZEIGER, SOLOMON  
**Address:** 141 JUNIPER ROAD  
**City-St-Zip:** HAVER TOWN, PA 19083**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARRETT WEINBERGER

DIR

10/18/2004

Electronic Signature of Signing Officer or Director

Date