## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT FILED DOCUMENT # N04000001841 06 DEC 28 PM 12: 27 1. Entity Name JEWISH PHILANTHROPIES FOUNDATION OF FLORIDA. INC SECRETAINE OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % STEPHEN M. NEWMAN, ESQ. % STEPHEN M. NEWMAN, ESQ. 4400 PGA BLVD 4400 PGA BLVD PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address HISTATEMEN Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 81-0644598 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NEWMAN, STEPHEN** Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD STE 900 PALM BEACH GARDENS, FL 33410

Zip Code FL 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 2/19/06 (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. D TITLE ☐ Delete TITLE ☐ Addition ROSEN, SYLVIA L NAME NAME 300082817653 12/28/06--01020--021 \*\*61 7340 MAHOGANY BEND CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP Change TITLE Delete TISTE ☐ Addition NEWMAN, STEPHEN M NAME NAME 4400 PGA BLVD STE 900 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE FLEISCHMANN, PETER NAME NAME 90 CHASEWOOD LN STREET ADDRESS STREET ADDRESS EAST AMHERST, NY 14051 CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZUP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Director

SIGNATURE:

K Eckel NEC 2 8 2005

Not Applicable

\$8.75 Additional