

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002282

FILED  
Nov 29, 2005  
Secretary of State

**Entity Name:** THE NORMA CERINO FOUNDATION, INC.

**Current Principal Place of Business:**

6923 NW 66 WAY  
PARKLAND, FL 33067

**New Principal Place of Business:**

6574 N. STATE ROAD 7  
SUITE 384  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6923 NW 66 WAY  
PARKLAND, FL 33067

**New Mailing Address:**

6574 N. STATE ROAD 7  
SUITE 384  
COCONUT CREEK, FL 33073

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**  
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:**

**Name and Address of New Registered Agent:**

CATALDO, MICHELLE  
6923 NW 66 WAY  
PARKLAND, FL 33067      US

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: MIHELLE CATALDO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: CATALDO, MICHELLE  
Address: 6923 NW 66 WAY  
City-St-Zip: PARKLAND, FL 33067

Title: V                      ( ) Delete  
Name: WELKER, JENNIFER  
Address: 6960 NW 68 MAN  
City-St-Zip: PARKLAND, FL 33067

Title: ST                      ( ) Delete  
Name: DUNADA, GINA  
Address: 8500 NW 45 ST  
City-St-Zip: CORAL SPRINGS, FL 33065

**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: MICHELLE CATALDO

VP

11/29/2005

Electronic Signature of Signing Officer or Director

Date