

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002282

FILED  
Nov 21, 2008  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

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

WELKER, JENNIFER  
6574 N STATE ROAD 7  
COCONUT CREEK, FL 33073 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: MC

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: CATALDO, MICHELLE  
Address: 6475 N STATE RD 7  
City-St-Zip: COCONUT CREEK, FL 33073

Title: P ( ) 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 exemption stated 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 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: JENNIFER WELKER

PRES

11/21/2008

Electronic Signature of Signing Officer or Director

Date