

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011912

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Entity Name:** SONNI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2921 NE LAKEVIEW DRIVE  
SEBRING, FL 33870

**New Principal Place of Business:**

2921 LAKEVIEW DRIVE  
SEBRING, FL 33870

**Current Mailing Address:**

2921 NE LAKEVIEW DRIVE  
SEBRING, FL 33870

**New Mailing Address:**

2921 LAKEVIEW DRIVE  
SEBRING, FL 33870

**FEI Number:** 20-2015095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SONNI, RAJESWARI  
2921 NE LAKEVIEW DRIVE  
SEBRING, FL 33870 US

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

SONNI, RAJESWARI  
2921 LAKEVIEW DRIVE  
SEBRING, FL 33870 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: RAJESWARI SONNI

10/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: SONNI, RAJESWARI  
Address: 2921 NE LAKEVIEW DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: DVP ( ) Delete  
Name: SONNI, ASHOK  
Address: 2921 NE LAKEVIEW DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: SONNI, SMITHA  
Address: 4201 CATHEDRAL AVE., NW, STE. 622E  
City-St-Zip: WASHINGTON, DC 20016

Title: D ( ) Delete  
Name: SONNI, SEAN S.  
Address: 2921 NE LAKEVIEW DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: RADHAKRISHNA, SANDYA  
Address: 7834 ROBINDEL WAY  
City-St-Zip: CUPERTINO, CA 95014

**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:

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: RAJESWARI SONNI

SEC

10/05/2005

Electronic Signature of Signing Officer or Director

Date