


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000001818 1. Entity Name THE DORI SLOSBERG FOUNDATION, INC.	
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SECRET
DIVISION

06 OCT 16 AM 8:46

REINSTATEMENT 06



Principal Place of Business 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433	Mailing Address 7040 WEST PALMETTO PARK ROAD NO. 4-215 BOCA RATON, FL 33433
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10082006 REIN-NP CR2E099 (11/05)

City & State	4. FEI Number 81-0664148
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRON, MARK ESQ.
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE *[Signature]* 12 October 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$81.25 After January 1, 2007, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete NAME SLOSBERG, IRVING STREET ADDRESS 7040 WEST PALMETTO PARK ROAD NO. 4-215 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE VD <input type="checkbox"/> Delete NAME SLOSBERG, SYLVIA STREET ADDRESS 7040 WEST PALMETTO PARK ROAD NO. 4-215 CITY-ST-ZIP BOCA RATON, FL 33433
TITLE STD <input type="checkbox"/> Delete NAME SLOSBERG, EVGENYIA STREET ADDRESS 7040 WEST PALMETTO PARK ROAD NO. 4-215 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DR GLEN ZELLMAN STREET ADDRESS 7301 NORTH UNIVERSITY DRIVE CITY-ST-ZIP TAMARAC, FL 33321	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DR JAY WALLSHEIN STREET ADDRESS 109-A JFK DRIVE CITY-ST-ZIP ATLANTIS, FL 33462
TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MS EMILY SLOSBERG STREET ADDRESS 7040 WEST PALMETTO PKRD Stz 4-215 CITY-ST-ZIP BOCA RATON, FL 33433	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MRS DONNA FEDORE STREET ADDRESS 7455 N.W. 7TH PLACE CITY-ST-ZIP MARGATE, FL 33063
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* 10/8/06 561-488-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #