

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003554

FILED  
Feb 04, 2008  
Secretary of State

**Entity Name:** THE AARON I. FLEISCHMAN FOUNDATION INC.

**Current Principal Place of Business:**

C/ STONE 2699 SOUTH BAYSHORE DRIVE  
SUITE 500  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STONE 2699 SOUTH BAYSHORE DRIVE  
SUITE 500  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 30-0265819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STONE, ROBERT A MR.  
2699 SOUTH BAYSHORE DRIVE  
SUITE 500  
MIAMI, FL 33133 US

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

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: ROBERT A STONE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: FLEISCHMAN, AARON I MR.  
Address: 5646 NORTH BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP/D ( ) Delete  
Name: LOUGHEED, LINFORD L MR.  
Address: 2699 SOUTH BAYSHORE DRIVE, SUITE 500  
City-St-Zip: MIAMI, FL 33133 US

Title: D/SC ( ) Delete  
Name: STONE, ROBERT A MR.  
Address: 2699 SOUTH BAYSHORE DRIVE, SUITE 500  
City-St-Zip: MIAMI, FL 33133 US

**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: ROBERT A STONE

S/T

02/04/2008

Electronic Signature of Signing Officer or Director

Date