

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

2007 MAY 11 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302007 REIN-NP CR2E099 (1/07)

<b>DOCUMENT # N05000010403</b>					
1. Entity Name THE ZYMAN FOUNDATION, INC.					
Principal Place of Business % NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR - STE 4 WESTON, FL 33331			Mailing Address % NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR - STE 4 WESTON, FL 33331		
2. Principal Place of Business - No P.O. Box # 100 South Pointe Drive		3. Mailing Address P.O. Box 860			
Suite, Apt. #, etc. Unit #2905		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Saratoga Springs, NY			
Zip 33139	Country USA	Zip 12866-0860	Country USA	4. FEI Number 20-3624795	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000103588850 City 05/31/07-01008-015 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. NRAI Services, Inc.					
SIGNATURE <i>Charles Coyle</i>		Charles Coyle - Assistant Secretary		4-30-2007	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sergio Zyman 100 South Pointe Drive, Unit #2905 Miami, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sylvia Zyman 100 South Pointe Drive, Unit #2905 Miami, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jessica Zyman 100 South Pointe Drive, Unit #2905 Miami, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jennifer Zyman 100 South Pointe Drive, Unit #2905 Miami, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*gtr*