

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000002833

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** OSCAR GATES CHANDLER FOUNDATION, INC.

**Current Principal Place of Business:**

4110 EL PRADO BLVD  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

7800 RED ROAD  
STE 127  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

4110 EL PRADO BLVD  
COCONUT GROVE, FL 33133

**New Mailing Address:**

7800 RED ROAD  
STE 127  
SOUTH MIAMI, FL 33143

**FEI Number:** 20-8661164      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

ALFANO, THOMAS D  
7800 RED ROAD STE 127  
SOUTH MIAMI, FL 33143      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:** THOAMS D ALFANO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** CHANDLER, ANTONY K  
**Address:** 4110 EL PRADO BLVD  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** D      ( ) Delete  
**Name:** CHANDLER, AMANDA  
**Address:** 4110 EL PRADO BLVD  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** D      ( ) Delete  
**Name:** MONTEJO, JOSEPH  
**Address:** 4110 EL PRADO BLVD  
**City-St-Zip:** COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D      (X) Change ( ) Addition  
**Name:** CHANDLER, ANTONY K  
**Address:** 3400 SW 27TH AVE APT 1806  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** D      (X) Change ( ) Addition  
**Name:** CHANDLER, AMANDA  
**Address:** 3400 SW 27TH APT 1806  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** D      (X) Change ( ) Addition  
**Name:** ALFANO, THOMAS D  
**Address:** 7800 RED ROAD STE 127  
**City-St-Zip:** SOUTH MIAMI, FL 33143

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:** THOMAS D ALFANO

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date