

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000006149

FILED  
Jul 22, 2009  
Secretary of State

**Entity Name:** GLIMMER OF LIFE FOUNDATION INC.

**Current Principal Place of Business:**

3180 STIRLING RD  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

7591 SW 32 COURT  
DAVIE, FL 33314

**Current Mailing Address:**

3180 STIRLING RD  
HOLLYWOOD, FL 33021

**New Mailing Address:**

7591 SW 32 COURT  
DAVIE, FL 33314

**FEI Number:** 26-1377567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

JCHPA REGISTERED AGENTS INC.  
1580 SAWGRASS CORPORATE PARKWAY SUITE 130  
SUNRISE, FL 33323      US

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

BONFINI, ELEONORA  
7591 SW 32 COURT  
DAVIE, FL 33314      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: ELEONORA BONFINI

07/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BONFINI, ELEONORA  
Address: 7591 SW 32ND CT  
City-St-Zip: DAVIE, FL 33314

Title: SD      ( ) Delete  
Name: VERMUT-SIEGEL, LAURIE  
Address: 1301 SW 82 AVE #2011  
City-St-Zip: PLANTATION, FL 33324

Title: TD      ( ) Delete  
Name: PIRO, DONNA  
Address: 7591 SW 32ND CT  
City-St-Zip: DAVIE, FL 33314

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: VERMUT, LAURIE  
Address: 8005 NW 10 COURT  
City-St-Zip: PLANTATION, FL 33322

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: ELEONORA BONFINI

PD

07/22/2009

Electronic Signature of Signing Officer or Director

Date