

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009431

FILED
Nov 07, 2008
Secretary of State

Entity Name: SPRAYREGEN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

400 SE 5TH AVENUE
BOCA RATON, FL 33432

New Principal Place of Business:

400 SE 5TH AVENUE
APT 806N
BOCA RATON, FL 33432

Current Mailing Address:

400 SE 5TH AVENUE
BOCA RATON, FL 33432

New Mailing Address:

400 SE 5TH AVENUE
APT 806N
BOCA RATON, FL 33432

FEI Number: 26-1134023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBOWITZ, MELVIN J
11900 BISCAYNE BOULEVARD
SUITE 720
MIAMI, FL 33181 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: MELVIN J. JACOBOWITZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPRAYREGEN, GERALD
Address: 400 SE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SOPHIA, GLORIA
Address: 400 SE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: JACOBOWITZ, MELVIN J
Address: 1526 NE QUAYSIDE TERRACE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SPRAYREGEN, GERALD
Address: 400 SE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

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: GERALD SPRAYREGEN

PRES

11/07/2008

Electronic Signature of Signing Officer or Director

Date