

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011312

FILED  
Nov 11, 2009  
Secretary of State

**Entity Name:** RICHARD SHASSIAN FOUNDATION, INC.

**Current Principal Place of Business:**

1907 W. STATE ROAD 434  
LONGWOOD, FL 327506015

**New Principal Place of Business:**

1180 HARWOOD AVENUE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1907 W. STATE ROAD 434  
LONGWOOD, FL 327506015

**New Mailing Address:**

1180 HARWOOD AVENUE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 26-1710588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHASSIAN, RICHARD  
1907 W. STATE ROAD 434  
LONGWOOD, FL 327506015 US

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

SHASSIAN, RICHARD  
1180 HARWOOD AVENUE  
ALTAMONTE SPRINGS, FL 32714 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: RICHARD SHASSIAN

11/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHASSIAN, RICHARD  
Address: 1907 W. STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 327506015

Title: D ( ) Delete  
Name: SHASSIAN, MICHELLE  
Address: 1907 W. STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 327506015

Title: D ( ) Delete  
Name: LABRET, STEVEN M  
Address: 226 HILLCREST ST.  
City-St-Zip: ORLANDO, FL 32801

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

Title: D (X) Change ( ) Addition  
Name: SHASSIAN, RICHARD  
Address: 1180 HARWOOD AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change ( ) Addition  
Name: SHASSIAN, MICHELLE  
Address: 1180 HARWOOD AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: RICHARD SHASSIAN

D

11/11/2009

Electronic Signature of Signing Officer or Director

Date