

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000011086

FILED
Oct 22, 2009
Secretary of State

Entity Name: THE GEORGE AND GAYLA SUE LEVIN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

100 BAY COLONY LANE
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

100 BAY COLONY LANE
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-3855765 **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:

GY CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DR., SUITE 500 EAST
W. PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

LEVIN, GAYLA S
100 BAY COLONY LANE
FORT LAUDERDALE, FL 33308 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: GAYLA S LEVIN

10/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVIN, GEORGE
Address: 100 BAY COLONY LANE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: LEVIN, GAYLA S
Address: 100 BAY COLONY LANE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: MCMAHON, PAUL
Address: 100 BAY COLONY LANE
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GAYLA SUE LEVIN

D

10/22/2009

Electronic Signature of Signing Officer or Director

Date