

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000002181

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** THE NATIONAL NETWORK OF ORGAN DONORS, INC.

**Current Principal Place of Business:**

2068 CEZANNE ROAD  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 223613  
W PALM BEACH, FL 33422

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BROWNSTEIN, ART H  
2068 CEZANNE ROAD  
WEST PALM BEACH, FL 33409 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: ART BROWNSTEIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWNSTEIN, ART H  
Address: 2068 CEZANNE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VP  
Name: FLINT, MARCHA  
Address: 5550 WITNEY DR. E-307  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: ART BROWNSTEIN

PRES

01/08/2011

Electronic Signature of Signing Officer or Director

Date