

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000009379

**FILED**  
**Jul 24, 2013**  
**Secretary of State**

**Entity Name:** ASSEFF FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1250 E HALLANDALE BEACH BLVD, PH  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1250 E HALLANDALE BEACH BLVD, PH  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 27-3610588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GELLES, JARED  
STOLZENBERG, GELLES & FLYNN, LLP  
1401 BRICKELL AVE, SUITE 825  
MIAMI, FL 33131 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:** JARED GELLES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** NURIU, APRIL  
**Address:** 1250 E HALLANDALE BEACH BLVD, PH  
**City-St-Zip:** HALLANDALE, FL 33009

**Title:** D  
**Name:** WESSMAN, ERIC  
**Address:** 1250 E HALLANDALE BEACH BLVD, PH  
**City-St-Zip:** HALLANDALE, FL 33009

**Title:** D  
**Name:** NURIU, NICOLE  
**Address:** 1250 E HALLANDALE BEACH BLVD, PH  
**City-St-Zip:** HALLANDALE, FL 33009

**Title:** D  
**Name:** ASSEFF, MICHAEL  
**Address:** 1250 E HALLANDALE BEACH BLVD, PH  
**City-St-Zip:** HALLANDALE, FL 33009

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:** MICHAEL ASSEFF

**PRES**

**07/24/2013**

Electronic Signature of Signing Officer or Director

Date