

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000001155

FILED  
Oct 24, 2012  
Secretary of State

**Entity Name:** THE JOZY ALTIDORE FOUNDATION, INC.

**Current Principal Place of Business:**

41053 SHADY VISTA LANE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

21053 SHADY VISTA LANE  
BOCA RATON, FL 33428

**Current Mailing Address:**

41053 SHADY VISTA LANE  
BOCA RATON, FL 33428

**New Mailing Address:**

21053 SHADY VISTA LANE  
BOCA RATON, FL 33428

**FEI Number:** 36-4689830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUCCI LAW OFFICES, P.A.  
2600 NORTH ANDREWS AVENUE  
WILTON MANORS, FL 33311 US

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

GISELE, ALTIDORE  
21053 SHADY VISTA LANE  
BOCA RATON, FL FL 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: GISELE ALTIDORE

10/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VC  
Name: ALTIDORE, JOSMER C0  
Address: 21053 SHADY VISA LANE  
City-St-Zip: BOCA RATON, FL 33428

Title: VC  
Name: ALTIDORE, JOSEPH  
Address: 21053 SHADY VISTA LANE  
City-St-Zip: BOCA RATON, FL 33428

Title: VC  
Name: ALTIDORE, LINDSEY  
Address: 21053 SHADY VISTA LANE  
City-St-Zip: BOCA RATON, FL 33428

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: LINDSEY ALTIDORE

VC

10/24/2012

Electronic Signature of Signing Officer or Director

Date