

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

DOCUMENT# N13376

**FILED**  
**Feb 07, 2013**  
**Secretary of State**

**Entity Name:** THE CITTA FOUNDATION, INC.

**Current Principal Place of Business:**

110 EAST ATLANTIC AVE  
#330  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

110 EAST ATLANTIC AVE  
#330  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 59-2635738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARLEN, ROBERT M.  
110 EAST ATLANTIC AVE # 330  
DELRAY BEACH, FL 33444 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: ROBERT M. ARLEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CITTA, ROSANNE L.  
Address: 21 PINE STREET  
City-St-Zip: TOMS RIVER, NJ 08753

Title: VP  
Name: FARFALLA, KRISTIN  
Address: 63 CRANMOOR DRIVE  
City-St-Zip: TOMS RIVER, NJ 08753

Title: VP  
Name: LORIANN, ERBE  
Address: 16 PINE STREET  
City-St-Zip: TOMS RIVER, NJ 08753

Title: SD  
Name: ROSELLI, MARIE  
Address: 585 BROOKSIDE DRIVE  
City-St-Zip: TOMS RIVER, NJ 08753

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: ROSANNE L CITTA

PD

02/07/2013

Electronic Signature of Signing Officer or Director

Date