

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N41066

FILED
Jan 18, 2010
Secretary of State

Entity Name: THE POST POLIO SUPPORT GROUP OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

13104 MEADOWBREEZE DRIVE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

13104 MEADOWBREEZE DRIVE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0230310 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:

MADES, ALISAN J
13104 MEADOWBREEZE DR
WELLINGTON, FL 33414 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: ALISAN J MADE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: FOGELMAN, WILLIAM MR
Address: 2581 BARKEY DRIVE #C
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: D
Name: MADE, ALISAN J
Address: 13104 MEADOWBREEZE DR
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP
Name: LEESLEES, FAUSTINA
Address: 104 SUNSET BAY DRIV
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D
Name: BRONSTIEN, EDWARD L D
Address: 401 SAVOIE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: ALISAN J MADE

D

01/18/2010

Electronic Signature of Signing Officer or Director

Date