

# **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:**

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

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

\_\_\_\_\_  
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:** MADES, 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 MADES

D

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date