

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 16, 2007  
Secretary of State**

DOCUMENT# N96000002084

Entity Name: THE KONI FOUNDATION, INC.

**Current Principal Place of Business:**

1 CLEARLAKE CENTER, #1402  
250 AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

3265 LAWSON BLVD  
OCEANSIDE, NY 11572

**New Mailing Address:**

FEI Number: 65-0676162      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

SIEGEL, HOWARD  
250 AUSTRALIAN AVE S, #1402  
WEST PALM BEACH, FL 33401      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: HOWARD SIEGEL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SIEGEL, HOWARD  
Address: 3265 LAWSON BLVD.  
City-St-Zip: OCEANSIDE, NY 11572

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Delete  
Name: KAPNER, LEWIS  
Address: 250 AUSTRALIAN AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Delete  
Name: WIENER, HOWARD  
Address: 777 S FLAGLER DR WEST TWR STE 1601  
City-St-Zip: WEST PALM BEACH, FL 33401

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN KAPLANSKY

DIR

10/16/2007

Electronic Signature of Signing Officer or Director

Date