

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000003504

1. Entity Name
THE MAURER FAMILY FOUNDATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:35

Principal Place of Business
POST OFFICE BOX 1171
PALM BEACH, FL 33480

Mailing Address
% U.S. TRUST COMPANY
114 WEST 47TH STREET
NEW YORK, NY 10036



2. Principal Place of Business

3. Mailing Address

% U.S. Trust Company

Suite, Apt. #, etc.

Suite, Apt. #, etc.

114 W. 47th St, TAXGM

City & State

City & State
New York NY

Zip

Country

Zip

10036

Country

04282005 REIN-NP

CR2E099 (6/04)

4. FEI Number
31-1469474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURER, GILBERT C
217 EVERGLADE AVENUE
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME MAURER, GILBERT C
STREET ADDRESS 217 EVERGLADE AVE
CITY-ST-ZIP PALM BEACH, FL

TITLE PD ☐ Delete
NAME MAURER, ANN E
STREET ADDRESS 217 EVERGLADE AVE
CITY-ST-ZIP PALM BEACH, FL

TITLE VCD ☐ Delete
NAME MAURER, CHRISTOPHER C
STREET ADDRESS 12741 LONG COVE DR
CITY-ST-ZIP CHARLOTTE, NC

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer ☐ Change ☒ Addition
NAME Jonathan Maurer
STREET ADDRESS 18 Clifford Avenue
CITY-ST-ZIP Pelham, NY 10803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jonathan G. Maurer JONATHAN G. MAURER 11/11/05 914/421-4912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deftume Phone #