



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000006336 1. Entity Name RABISON FAMILY FOUNDATION, INC.						FILED 06 OCT 25 PM 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 2792 DONNELLY DRIVE LAKESIDE VILLAGE, APT 125 LANTANA, FL 33462			Mailing Address 2792 DONNELLY DRIVE LAKESIDE VILLAGE, APT 125 LANTANA, FL 33462			 10062006 REIN-NP CR2E099 (11/05) <i>OC</i>		
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-6225556				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
City & State		City & State		Zip				Country
6. Name and Address of Current Registered Agent RABISON, EVELYN 2792 DONNELLY DRIVE LAKESIDE VILLAGE, APT 125 1506 LANTANA, FL 33462				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 <i>Evelyn Rabison</i>			(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50					Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RABISON, EVELYN 2792 DONNELLY DRIVE, APT 125 LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 000081190750 10/25/06--01049--010 **122.50 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RABISON, SAMUEL D 112 KENDALL RD LEXINGTON, MA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUTZ-JACOBSON, SUE 56 USISHKIN ST TEL AVIV, IS	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RABISON, BRUCE 2792 DONNELLY DRIVE, APT 125 1506 LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>[Signature]</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Jaxpage Did Not
Receive Form to
File - Please Reinstate
Their Foundation Gives
So Much to Worthy
Charities *James Jax*
CFA