2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# N96000006554

Entity Name: THE LIPSON FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

% DOROTHY LIPSON
3899 LIVE OAK BLVD
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

% DOROTHY LIPSON
3899 LIVE OAK BLVD
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 91-1822980 **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:

LIPSON, DOROTHY
3899 LIVE OAK BLVD
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

FRIEDLAND, PHILIP H
235 SE 5TH AVE
DELRAY BEACH, FL 33483 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: PHILIP H FRIEDLAND 10/20/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LIPSON, DOROTHY
Address: 3899 LIVE OAK BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: LIPSON-PLAFKER, ROBERTA
Address: 3899 LIVE OAK BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: TAMARI, PAULINE
Address: 4 CAMELOT RD
City-St-Zip: WOODSTOCK, NY 12498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOROTHY LIPSON D 10/20/2004
Electronic Signature of Signing Officer or Director Date