

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000006583

FILED
Oct 17, 2005
Secretary of State

Entity Name: THE CAFESJIAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4001 TAMIAMI TRAIL SUITE 425
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4001 TAMIAMI TRAIL SUITE 425
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3417473 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:

CAFESJIAN, GERARD L
4001 TAMIAMI TRAIL SUITE 425
NAPLES, FL 34103 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: GERARD L. CAFESJIAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAFESJIAN, GERARD L
Address: 4001 TAMIAMI TRAIL SUITE 425
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: CAFESJIAN, CLEO T
Address: 4001 TAMIAMI TRAIL SUITE 425
City-St-Zip: NAPLES, FL 34103

Title: STD () Delete
Name: WATERS, JOHN
Address: 4001 TAMIAMI TRAIL, SUITE 425
City-St-Zip: NAPLES, FL 34103

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: JOHN WATERS

STD

10/17/2005

Electronic Signature of Signing Officer or Director

Date