

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000000674

1. Entity Name  
GREENBERG FAMILY FOUNDATION, INC.



Principal Place of Business  
18051 BISCAYNE BLVD.  
SUITE 802  
AVENTURA, FL 33160 US

Mailing Address  
18051 BISCAYNE BLVD.  
SUITE 802  
AVENTURA, FL 33160 US

FILED  
08 NOV 21 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032008 REIN-NP

CR2E099 (1/07)

4. FEI Number  
65-0745564

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONOFF, CRAIG  
18305 BISCAYNE BLVD.  
SUITE 300  
AVENTURA, FL 33160

7. Name and Address of New Registered Agent

Name Barry T. Shevlin  
Street Address (P.O. Box Number is Not Acceptable)  
1111 Kane Concourse  
Suite 605  
City Bay Harbor Islands FL Zip Code 33154

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

*Barry Shevlin*

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

(NOTE: Registered Agent signature required when reinstating)

11/10/08  
DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2009, 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 TSD  
NAME GREENBERG, LOUIS ☒ Delete  
STREET ADDRESS 18051 BISCAYNE BLVD., SUITE 802  
CITY-ST-ZIP AVENTURA, FL 33160

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

TITLE VD  
NAME ARONSTAM, ELLIOTT ☒ Delete  
STREET ADDRESS 60 E 9TH ST., SUITE 643  
CITY-ST-ZIP NEW YORK, NY 10003

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

TITLE PD  
NAME GREENBERG, MARK ☐ Delete  
STREET ADDRESS 1714 CEDAR ST  
CITY-ST-ZIP SANTA MONICA, CA 90405

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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 power like empowered.

SIGNATURE:

*Barry Shevlin*  
Signature and typed or printed name of signing officer or director

11/10/08 305 868-0304  
Date Daytime Phone #

11/24