

# 2008 NQT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 28 AM 10:25

<b>DOCUMENT # N97000003302</b> 1. Entity Name <b>THE DOROTHY S. ERISMANN FOUNDATION, INC.</b>					
Principal Place of Business <b>340 ROYAL PALM WAY 100 PALM BEACH, FL 33480</b>				Mailing Address <b>2345 89TH AVE VERO BEACH, FL 32966</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>340 Royal Palm Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Ste 100</b>			
City & State		City & State <b>Palm Beach</b>			
Zip	Country	Zip	Country	4. FEI Number <b>65-0781305</b>	
<b>33480</b>	<b>US</b>	<b>33480</b>	<b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FINNERTY, THOMAS J 2345 89TH AVENUE VERO BEACH, FL 32966</b>				7. Name and Address of New Registered Agent Name <b>Pilotte, Frank T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>340 Royal Palm Way</b> <b>Ste 100</b> City <b>Palm Beach</b> <b>FL</b> <b>33480</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>2/25/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>			Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV PILOTTE, FRANK T <input type="checkbox"/> Delete 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600119042106</b> <b>02/28/08--01032--002 **297.50</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTESEN, JAMES R <input checked="" type="checkbox"/> Delete 573 SW SPRINGHILL POINT SAINT LUCIE WEST, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Warner, Ronald 1897 Palm Beach Lakes Blvd, Ste 226 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FINNERTY, THOMAS J <input checked="" type="checkbox"/> Delete 2345 89TH AVENUE VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DST Kadyszewski, Kathleen A. 3340 Royal Palm Way, Ste 100 Palm Beach, FL 33480	
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 <b>B 2/29/08</b>	
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 <b>REINSTATEMENT 07-08</b>	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>2/25/08</b> <b>561-655-4060</b> <small>Daytime Phone #</small>		