

2008 NQT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 28 AM 10: 25



DOCUMENT # N97000003302 1. Entity Name THE DOROTHY S. ERISMANN FOUNDATION, INC.	
Principal Place of Business 340 ROYAL PALM WAY 100 PALM BEACH, FL 33480	Mailing Address 2345 89TH AVE VERO BEACH, FL 32966



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 340 Royal Palm Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 100	
City & State		City & State Palm Beach	
Zip	Country	Zip 33480	Country US

02222008 REIN-NP CR2E099 (1/07)

4. FEI Number 65-0781305		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FINNERTY, THOMAS J 2345 89TH AVENUE VERO BEACH, FL 32966				Name Pilotte, Frank T.			
				Street Address (P.O. Box Number is Not Acceptable) 340 Royal Palm Way			
				City Ste 100			
				City Palm Beach		FL	Zip Code 33480

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: *[Signature]* 2/25/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DPV PILOTTE, FRANK T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	600119042106 02/28/08--01032--002 **297.50	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	340 ROYAL PALM WAY, SUITE 100	NAME	Warner, Ronald	NAME	1897 Palm Beach Lakes Blvd, Ste 226	NAME	Kadyszewski, Kathleen A.
STREET ADDRESS	PALM BEACH, FL 33480	STREET ADDRESS	West Palm Beach, FL 33409	STREET ADDRESS	340 Royal Palm Way, Ste 100	STREET ADDRESS	Palm Beach, FL 33480
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP	D OTTESEN, JAMES R <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CITY-ST-ZIP	D Warner, Ronald	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	573 SW SPRINGHILL POINT	STREET ADDRESS	1897 Palm Beach Lakes Blvd, Ste 226	STREET ADDRESS	West Palm Beach, FL 33409	STREET ADDRESS	
CITY-ST-ZIP	SAINT LUCIE WEST, FL 34986	CITY-ST-ZIP	West Palm Beach, FL 33409	CITY-ST-ZIP	West Palm Beach, FL 33409	CITY-ST-ZIP	
CITY-ST-ZIP	DST FINNERTY, THOMAS J <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	DST Kadyszewski, Kathleen A.	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2345 89TH AVENUE	STREET ADDRESS	340 Royal Palm Way, Ste 100	STREET ADDRESS	340 Royal Palm Way, Ste 100	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32966	CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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 other like empowered.

SIGNATURE: *[Signature]* 2/25/08 561-655-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #