


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000004637		
1. Entity Name ALAN AND MYRNA COHEN FAMILY FOUNDATION, INC.		

FILED  
05 DEC 15 AM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172005 REIN-NP CR2E099 (6/04)

Principal Place of Business 300 SE 5TH AVE. BOCA RATON, FL 33432		Mailing Address 300 SE 5TH AVE. BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
65-0775713

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COHEN, ALAN 300 SE 5TH AVE. BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/14/05

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2006, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, ALAN			NAME			
STREET ADDRESS	300 S E 5TH AVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP			
TITLE	DVPS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, MYRNA			NAME			
STREET ADDRESS	300 S E 5TH AVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP			
TITLE	DVPT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEIGENBAUM, STEPHEN			NAME			
STREET ADDRESS	745 FIFTH AVE 1506			STREET ADDRESS			
CITY-ST-ZIP	NYNY, NY 10151			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

100060858221  
10/21/05--01038--014 \*\*70.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEPHEN FEIGENBAUM 12/7/05 212-7579150

M. Williams DEC 15 2005