

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000004870

FILED
Nov 12, 2009
Secretary of State**Entity Name:** THE GRAJEWSKI/LYRA FOUNDATION FOR PEDIATRIC & INFANTILE GLAUCOMA, INC.**Current Principal Place of Business:**200 DOUGLAS ROAD
NORTH TOWER #540
MIAMI, FL 33134**New Principal Place of Business:**5979 NW 151 ST
221
MIAMI LAKES, FL 33014**Current Mailing Address:**1295 NW 14TH ST
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MIAMI, FL 33125**New Mailing Address:**5979 NW 151 ST
221
MIAMI LAKES, FL 33014**FEI Number:** 65-0789753 **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:**GRAJEWSKI, ALANA L
2838 BRICKELL AVENUE
MIAMI, FL 33129 US**Name and Address of New Registered Agent:**SMITH, NANCY C
5979 NW 151 ST
221
MIAMI LAKES, FL 33014 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: NANCY C SMITH

11/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ALANA L GRAJEWSKI
Address: 2838 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129**Title:** MD () Delete
Name: CARLOS LYRA
Address: 1300 S OCEAN BLVD #806
City-St-Zip: POMPANO BCH, FL 33067**Title:** SD () Delete
Name: ELIZABETH A HODAPP
Address: 245 E RIVO ALTO DR
City-St-Zip: MIAMI BCH, FL 33139**Title:** MD () Delete
Name: DEAN O ZIFF
Address: 2999 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129**Title:** T () Delete
Name: SMITH, NANCY C
Address: 11421 TAFT STREET
City-St-Zip: PEMPBROKE PINES, FL 33026**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: GRAJEWSKI, ALANA
Address: 5979 NW 151 ST #221
City-St-Zip: MIAMI LAKES, FL 33014**Title:** MD (X) Change () Addition
Name: LYRA, CARLOS
Address: 1300 S OCEAN BLVD #806
City-St-Zip: POMPANO BCH, FL 33067**Title:** SD (X) Change () Addition
Name: HODAPP, ELIZABETH A
Address: 245 E RIVO ALTO DR
City-St-Zip: MIAMI BCH, FL 33139**Title:** MD (X) Change () Addition
Name: ZIFF, DEAN
Address: 2999 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NANCY C. SMITH

TR

11/12/2009

Electronic Signature of Signing Officer or Director

Date