

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY -2 AM 7:49

**DOCUMENT # N98000003596**

1. Entity Name  
THE MARK A. MANSOUR AND SHARON A. MANSOUR  
FAMILY FOUNDATION, INC.



Principal Place of Business  
2400 E COMMERCIAL BLVD  
#720  
FORT LAUDERDALE, FL 33308 US

Mailing Address  
2400 E COMMERCIAL BLVD  
#720  
FORT LAUDERDALE, FL 33308 US

2. Principal Place of Business - No P.O. Box #  
2610 NE 40th ST

3. Mailing Address  
2610 NE 40th ST

Suite, Apt. #, etc.  
Ft. Lauderdale, FL

Suite, Apt. #, etc.  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33308

Country

Zip  
33308

Country

5. Name and Address of Current Registered Agent  
HUTH, ROBERT A JR  
2300 GLADES ROAD  
SUITE 260-W  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent  
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 DATE 4.20.07

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	D MANSOUR, MARK A 2610 NE 40TH ST FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103289139 05/25/07--01025--009 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSOUR, SHARON A 2610 NE 40TH ST FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHEGLEY, BRYAN T 2001 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: DATE 4/30/07 DAYTIME PHONE 954.334.1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2610 NE 40th ST  
REINSTATEMENT 06-07



04192007 REIN-NP CR2E099 (1/07)

4. FEI Number  
65-0843891

Applied For  
☐ Not Applicable

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