

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005144

FILED
Oct 01, 2007
Secretary of State

Entity Name: MARVIN JONES CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

536 N. BISCAYNE RIVER DRIVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

536 N. BISCAYNE RIVER DRIVE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 31-1676192 **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:

Name and Address of New Registered Agent:

BUTLER, DONALD
ONE SOUTHEAST THIRD AVENUE
TENTH FLOOR
MIAMI, FL 33131 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: FREDRICK JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, FREDERICK
Address: 536 N. BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: BUTLER, DONALD
Address: ONE S.E. THID AVENUE, TENTH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: COLONBO, JOSEPH
Address: 14 WHITE PINE LANE
City-St-Zip: POOVOTT, NY 11733

Title: T () Delete
Name: BLOCK, JUSTIN
Address: 10 DARTRIDGE DRIVE
City-St-Zip: COMMACK, NY 11725

Title: S () Delete
Name: PALANRYIA, PAUL
Address: 165 CLISTON
City-St-Zip: BELMONT, MA 02478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDRICK JONES

PRES

10/01/2007

Electronic Signature of Signing Officer or Director

Date