
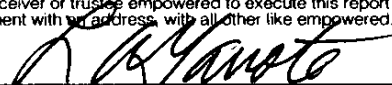


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005516 1. Entity Name GANOTE FAMILY FOUNDATION, INC.					
Principal Place of Business 2 BEAR CREEK ROAD NOVATO, CA 94947			Mailing Address 2 BEAR CREEK ROAD NOVATO, CA 94947		
2. Principal Place of Business - No P.O. Box # 65 CENTURY DR.		3. Mailing Address 65 CENTURY DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MILL VALLEY, CA		City & State MILL VALLEY, CA			
Zip 94941		Country		Zip 94941	
Country		Country			
4. FEI Number 65-0949411				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 SACHER, CHARLES P 2655 LE JEUNE RD., STE. 1101 CORAL GABLES, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			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	PTD GANOTE, LEN A 2 BEAR CREEK ROAD NOVATO, CA 94947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT LEN GANOTE 65 CENTURY DR. MILL VALLEY, CA 94941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GANOTE, ANN L 2 BEAR CREEK ROAD NOVATO, CA 94947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ANN GANOTE 65 CENTURY DR MILL VALLEY, CA 94941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURNER, MICHELLE 8 REBELO LANE NOVATO, CA 94947	<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	<div style="font-size: 2em; text-align: center;">10/4</div>	<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 my address, with all other like empowered.					
SIGNATURE: 				Date 9.29.07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 415.888.3461	

FILED

07 OCT -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-26-07 90077 040 \$61.25



REINSTATEMENT 02

FLORIDA DEPT OF STATE

9.29.07

DIVISION OF CORP

P.O. Box 6327

TALLAHASSEE, FL 32314

RE 65-0949411

GRANT'S FAMILY FOUNDATION

GENTLEMEN

PLEASE FIND ATTACHED A 2007 NOT-FOR-PROFIT CORPORATE REINSTATEMENT FORM. I AM ATTACHING PAST CORRESPONDENCE SHOWING THAT I SUBMITTED THE ANNUAL REPORT ON FEB 3, 2007 AND YOU CASHED THE CHECK IN FEB, 2007.

AFTER REVIEWING THE ANNUAL REPORT THAT I SUBMITTED, IT APPEARS THAT I SIGNED MY NAME IN THE WRONG LOCATION.

PLEASE WAIVE THE REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE NOTICE THAT MY SIGNATURE WAS INCORRECT.

I MOVED IN JAN 2007 AND POSSIBLY THE MAIL WAS NOT FORWARDED PROPERLY. IF YOU HAVE QUESTIONS, PLEASE FEEL FREE TO CALL ME AT 415.686.3361

SINCERELY

Ken Grant

65 CENTURY DR.

MILL VALLEY, CA 94941