

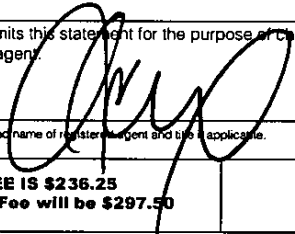


## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 710469</b> 1. Entity Name RICHARD F. WOLFSON FAMILY FOUNDATION, INC						FILED 06 MAR -7 11:09:22 CLERK OF CIRCUIT COURT MIAMI, FLORIDA				
Principal Place of Business 630 UNIVERSITY DR. CORAL GABLES, FL 33134			Mailing Address 630 UNIVERSITY DRIVE CORAL GABLES, FL 33134 US							
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		12082005 REIN-NP CR2E099 (6/04)						
City & State		City & State		4. FEI Number 59-6176043				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  VALDES-FAULI CORPORATE SERVICES INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131					7. Name and Address of New Registered Agent  Name <u>64 Corporate Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>25 Biscayne Blvd.</u> Suite 3400 City <u>Miami</u> FL Zip Code <u>33131</u>					
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.</small>			<u>MARK J SCHEER, PRESIDENT</u>				DATE <u>3/22/06</u>			
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2006, 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	PD WOLFSON, ELAINE 630 UNIVERSITY DR. CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100068107991 03/20/06--01022--012 **297.50						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, PAUL 1509 CHURCH ST WASHINGTON, DC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 3/10/04 REINSTATEMENT						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, LISA WOLFSON 570 PARK AVE. NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Elaine A Wolfson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-12-2006</u>				Daytime Phone #			