


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECTION 617
DIVISION OF CORPORATIONS AND BUSINESSES

06 OCT 16 AM 8:28

DOCUMENT # F04000004672

1. Entity Name
AMERICA'S SECOND HARVEST, THE NATION'S FOOD BANK NETWORK, INC.



| | |
|---|---|
| Principal Place of Business 35 EAST WACKER DRIVE, SUITE 2000 CHICAGO, IL 60601-2200 | Mailing Address 35 EAST WACKER DRIVE, SUITE 2000 CHICAGO, IL 60601-2200 |
|---|---|

REINSTATEMENT 06



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

09272006 REIN-NP CR2E099 (11/05)

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS RD., #221E
PALM BEACH GARDENS, FL 33410**

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: Jessica Vella, V.P. JESSICA VELLA, V.P. 9/28/06
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$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 | C CARTER, JUDY 8201 S. CONGRESS AVENUE AUSTIN, TX 78745 <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | 200080882602 |
| STREET ADDRESS | | STREET ADDRESS | 10/16/06--01052--016 **\$61.25 |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | P FORNEY, ROBERT 35 EAST WACKER DRIVE, STE. 2000 CHICAGO, IL 60601 <input checked="" type="checkbox"/> Delete | TITLE | President <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | Escarra, Vicki |
| STREET ADDRESS | | STREET ADDRESS | 35 E. Wacker Drive, Suite 2000 |
| CITY- ST- ZIP | | CITY- ST- ZIP | Chicago, IL 60601 |
| TITLE | D CHRISTOPHER, DORIS ONE PAMPERED CHEF LANE ADDISON, IL 60101 <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | D DUNN, PETER 30 S. PENNSYLVANIA STREET INDIANAPLIS, IN 46204 <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | D ERICKSON, JULIA 575 8TH AVENUE 4TH FL NEW YORK, NY 10018 <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Goodman, Ann |
| STREET ADDRESS | | STREET ADDRESS | 15500 S. Waterloo Road |
| CITY- ST- ZIP | | CITY- ST- ZIP | Cleveland, OH 44194-4413 |
| TITLE | D FLOOD, MICHAEL 1734 E. 41ST STREET LOS ANGELES, CA 90058 <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |

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 provided 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 I.R.A. employees.

SIGNATURE: [Signature] 9/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

COPILEVITZ & CANTER, LLC

ATTORNEYS AT LAW

423 W. EIGHTH STREET
SUITE 400
KANSAS CITY, MISSOURI 64105
(816) 472-9000 • FAX (816) 472-5000
EMAIL copcankc@cckc-law.com

October 11, 2006

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

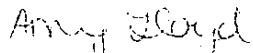
Re: America's Second Harvest

Dear Sir/Madam:

Enclosed please find the 2006 Not-For-Profit Corporation Reinstatement and \$61.25 filing fee for the above referenced organization.

Please contact me at the Missouri location listed above, if you should require any additional information.

Very truly yours,



Amy Lloyd
Legal Assistant
For the Firm

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