2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 03, 2008
Secretary of State

DOCUMENT# N24268

Entity Name: WILDLIFE RESCUE SERVICE OF FLORIDA, INC.

Current Principal Place of Business:

106 MOLOKAI DRIVE
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10475
BRADENTON, FL 34282 US

New Mailing Address:

FEI Number: 65-0023424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

SMITH, LAURENCE R.
106 MOLOKAI DRIVE.
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

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: LAURENCE R. SMITH

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DMC ( ) Delete
Name: SMITH, LAURENCE R.
Address: 106 MOLOKAI DRIVE
City-St-Zip: BRADENTON, FL 34207 US

Title: DP ( ) Delete
Name: SMITH, ELLIE T.,
Address: 106 MOLOKAI DRIVE
City-St-Zip: BRADENTON, FL 34207 US

Title: DV ( ) Delete
Name: WHIPKEY, KATHERINE
Address: 2104 19TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34205 US

Title: TS ( ) Delete
Name: DOUGHTY, TRACY
Address: 7309 ALDERWOOD DR
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Delete
Name: SMITH, MICHAEL T
Address: 106 MOLOKAI DR.
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: SMITH, LAURENCE R.,
Address: 106 MOLOKAI DRIVE
City-St-Zip: BRADENTON, FL 34207 US

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: LAURENCE R. SMITH DMC 10/03/2008

Electronic Signature of Signing Officer or Director — Date