

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 18, 2007  
Secretary of State**

DOCUMENT# N30523

**Entity Name:** LITERACY VOLUNTEERS OF AMERICA-MONROE COUNTY, INC.

**Current Principal Place of Business:**

1400 UNITED ST  
BLDG 4, ROOM 404  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1400 UNITED  
# 109  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0050312      **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:**

**Name and Address of New Registered Agent:**

CASANOVA, MARY  
812 SOUTHARD ST.  
BLDG. 3  
KEY WEST, FL 33040 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: MARY CASANOVA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD      ( ) Delete  
Name: GILBERT, CONNIE  
Address: 1010 WHITEHEAD ST  
City-St-Zip: KEY WEST, FL 33040

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

Title: TD      ( ) Delete  
Name: FREDERICK, MARCUS  
Address: 720 WASHINGTON ST  
City-St-Zip: KEY WEST, FL 33040

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

Title: PD      ( ) Delete  
Name: MEYERS, LOIS  
Address: 1600 ATLANTIC #19  
City-St-Zip: KEY WEST, FL 33040

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

Title: D      ( ) Delete  
Name: JACOBSON, SOL  
Address: 618 GRINNELL ST.  
City-St-Zip: KEY WEST, FL 33040

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: MARY CASANOVA

DIR

09/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date