2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N96000006375

Entity Name: THE EUREKA FOUNDATION, INC.

Current Principal Place of Business:

807 EDGEFOREST TERR
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

807 EDGEFOREST TERR
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3414369 **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:

SHOQUIST, THOMAS L
807 EDGEFOREST TERR
SANFORD, FL 32771 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: THOMAS L SHOQUIST
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: SHOQUIST, VICKI L
Address: 807 EDGEFOREST TERRACE
City-St-Zip: SANFORD, FL 32771

Title: DV ( ) Delete
Name: SHOQUIST, PAUL W
Address: 327 SANTAGO DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: DS ( ) Delete
Name: MILLER, LAURIE A
Address: 6502 STEP ROCK COURT
City-St-Zip: ROGERS, AR 72758

Title: DP ( ) Delete
Name: SHOQUIST, THOMAS L
Address: 807 EDGEFOREST TERRACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS L SHOQUIST DP 01/22/2009
Electronic Signature of Signing Officer or Director — Date