2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# 723362

Entity Name: POLITICALLY ACTIVE PROPERTY OWNERS, INC

Current Principal Place of Business:

3001 ESTERO BLVD.
FT. MYERS BEACH, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

3001 ESTERO BLVD.
FT. MYERS BEACH, FL 33931 US

New Mailing Address:

FEI Number: 59-1837587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, THOMAS F.
3001 ESTERO BLVD.
FT. MYERS BEACH, FL 33931 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 F MYERS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MYERS, THOMAS F
Address: 3001 ESTERO BLVD.
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: VSTD ( ) Delete
Name: ALSOP, ANN
Address: 2555 ESTERO BLVD.
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: SEC ( ) Delete
Name: HUGHES, DANIEL
Address: 270 RANDY LANE
City-St-Zip: FT MYERS BEACH, FL 33931

Title: T ( ) Delete
Name: VAN DYZER, CAROLYN
Address: 5615 BAUER ST
City-St-Zip: FORT MYERS BEACH, FL 33931

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: ANN ALSOP VSTD 10/12/2009

Electronic Signature of Signing Officer or Director — Date