

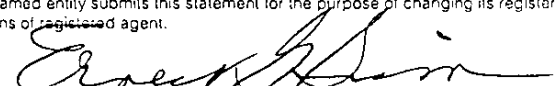
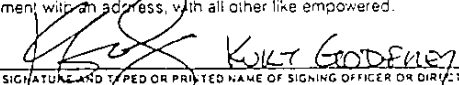


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 726202 1. Entity Name DELRAY BEACH ROTARY FUND, INC.						<p style="font-size: 1.2em; font-weight: bold;">FILED</p> <p style="font-size: 1.1em;">07 AUG 17 AM 8:26</p> <p style="font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
Principal Place of Business 255 NE 2nd Ave Delray Beach FL 33444		Mailing Address 255 N.E. 2ND AVE DELRAY BEACH, FL 33444				 <p style="font-size: 1.2em; font-weight: bold;">REINSTATEMENT</p> <p style="font-size: 0.8em;">04252007 REINSTAT 06-07</p>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 23-7313386						Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SIMON, ERNEST G STE A 100 N.E. FIETH AVENUE DELRAY BEACH, FL 33483				Name ERNEST G. SIMON Street Address (P.O. Box Number Not Acceptable) 140 NE 4th AVENUE SUITE A City DELRAY BEACH FL Zip Code 33483			
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 						DATE 7-3-07	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)						DATE	
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENKLER, MARK 320 NW 9TH ST. DELRAY BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kurt Godfrey 812 Chapel Hill Blvd. Boynton Bch, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOWARDS, JESS M 635 EDDY ST. BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert H. Teninga 2674 SW 23rd Cranbrook Dr. Boynton Bch, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOWARDS, JESS M 635 EDDY ST. BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tom Stanley 29 NE 4th Ave B Delray Bch, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, ERNEST G. 3476 ROYAL TURN LANE BOYNTON BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Janet Powell 5010 W. Atlantic Ave. Delray Bch, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR-JARRETT, GEORGINA 6858 VILLAS DR WEST BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Anne Bright 700 Seaside Dr. Delray Bch, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, WILLIAM 19 NW 24 COURT DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p style="font-size: 1.2em; font-weight: bold;">500107263005</p> <p style="font-size: 0.9em;">08/03/07--01051--001 **297.50</p>			
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 required 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 like empowered.							
SIGNATURE: 						DATE 8/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						DESIGNER PHONE # 561-278-0203	