2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#730956

FILED Sep 30, 2009 Secretary of State

Entity Name: LEHIGH ACRES SPRING FESTIVAL ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 28 COSMOPOLITAN DR. UNIT 13 LEHIGH ACRES, FL 33936 **Current Mailing Address: New Mailing Address:** PO BOX 747 LEHIGH ACRES, FL 33970 FEI Number: 23-7417232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTMAN, ERNIE 28 COSMOPOLITAN DR, UNIT 13 LEHIGH, FL 33936 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: ERNIE HARTMAN Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

FORT MYERS, FL 33913

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

115 SEBRING CIRCLE

LEHIGH ACRES, FL 33936

() Change () Addition () Delete HARTMAN, ERNIE Name: Name: 28 COSMOPOLITAN DR, UNIT 13 Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: CULVER, VICKI Name: Address: 300 EIGHTH AVE. Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition ADLER, JOAN STEPHENSON, DANNY Name: Name: Address: 2614 ELVA PL Address: 115 SEBRING CIRCLE City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: LEHIGH ACRES, FL 33936 Title: TD () Delete Title: TD (X) Change () Addition Name: JACKSON, DEBBIE Name: STEPHENSON, DANNY 11026 MILL CREEK WAY #2805

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.

Address:

City-St-Zip:

SIGNATURE: ERNIE HARTMAN PD 09/30/2009