


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 OCT 25 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC

DOCUMENT # 746850		
1. Entity Name CHARLIE BILD'S FRIENDS, INC.		

Principal Place of Business C/O COLLEGE OF VETERINARY MEDICINE P. O. BOX 100125 GAINESVILLE, FL 32610 US	Mailing Address C/O COLLEGE OF VETERINARY MEDICINE P. O. BOX 100125 GAINESVILLE, FL 32610 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10192006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-0974739	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NICOLETTI, PAUL 2015 SW 16TH AVE GAINESVILLE, FL 32610		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 <i>Paul Nicoletti</i>	DATE 10/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEE, LARRY G. 2864 HOLLYWOOD BLVD. HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081165564 10/25/06--01005--018 **175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICOLETTI, PAUL 2015 SW 16TH AVE GAINESVILLE, FL 32610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/23/06 01059 001 861.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARDNER, WADE G. 5711 LAKELAND HIGHLANDS RD LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06 DSC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, JAMES H. 720 N. TAMiami TRAIL NOKOMIS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAWCETT, JAMES W. 8776 SUNSET DR. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLEY, THOMAS F. 1355 E. LAFAYETTE ST. TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Paul Nicoletti</i>	DATE 10/19/06	DAYTIME PHONE (352) 392-4700 X5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		