

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F19638

FILED  
Oct 06, 2006  
Secretary of State

Entity Name: VERDIE FOREST, INC.

## Current Principal Place of Business:

1440 CANAL ST  
SUITE 1500  
NEW ORLEANS, LA 70112 US

## New Principal Place of Business:

## Current Mailing Address:

1440 CANAL ST  
SUITE 1500  
NEW ORLEANS, LA 70112 US

## New Mailing Address:

FEI Number: 59-2088702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L  
1930 SAN MARCO BLVD  
SUITE 201  
JACKSONVILLE, FL 32207 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: SAMUEL LEPRELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EDMUNDS, JOHN O., JR. .  
Address: 1325 CALHOUN STREET  
City-St-Zip: NEW ORLEANS, LA

Title: SD ( ) Delete  
Name: VERRETT, ANNA F.  
Address: 1901 BRINSON RD #S-3  
City-St-Zip: LUTZ, FL

Title: D ( ) Delete  
Name: NOVAK, WAYNE,  
Address: 701 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D ( ) Delete  
Name: FOGELBERG, LAWRENCE,  
Address: HEUCHELHEIMER STR 39  
City-St-Zip: HOMBERG, W GERMANY,

Title: D ( ) Delete  
Name: BARTHOLOMEW, JANET H. .  
Address: 35 ARNOLD ROAD  
City-St-Zip: HINGHAM, MA

Title: D ( ) Delete  
Name: MAXWELL, RON  
Address: 4811 ATLANTIC BLVD., SUITE 4  
City-St-Zip: JACKSONVILLE, FL

## 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:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J OLLIE EDMUNDS

PRES

10/06/2006

Electronic Signature of Signing Officer or Director

Date