2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003054

FILED Mar 13, 2007 Secretary of State

Entity Name: SCHEFER FAMILY FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5801 PELICAN BAY BOULEVARD #300 NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** 1275 GALLEON DRIVE NAPLES, FL 34102 FEI Number: 65-6333294 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: BUCKEL, ROBERT M 5801 PELICAN BAY BOULEVARD SUITE 300 NAPLES, FL 34108 US 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: ROBERT M BUCKEL Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHEFER, EDWARD A Name: Name: 1275 GALLEON DR. Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: SCHEFER, FAY S Name: Address: 1275 GALLEON DR. Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition SCHEFER, CHARLES A Name: Name: 2500 E. MEREDITH DR. Address: Address: City-St-Zip: VIENNA, VA 22181 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SCHEFER, LEE E Name: Address: 300 WESTWOOD CIRCLE N. Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: Title: () Delete () Change () Addition SCHETER, FRANCIS F Name: Name: 105 PARK BROOKE CT. Address: Address: City-St-Zip: ALPHARETTA, GA 30022 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A SCHEFER PD 03/13/2007