2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0100000047 1. Entity Name THE FRIENDS OF CORBETT; SUPPORTERS OF THE J.W. CORBETT WILDLIFE MANAGEMENT AREA AND THE EVERGLAD Principal Place of Business Mailing Address						FILED UN 18 AM 8:2		
Principal Place of Business Mailing Address 12100 SEMINOLE PRATT-WHITNEY RD P.O. BOX 16309 W PALM BEACH, FL 33412 WEST PALM BEACH, FL			33416-6	309	✓ SECF TALL	RETARY OF STA AHASSEE, FLOR	TE Hit <i>t</i> Ou few end in	W W W W W W W W W W W W W W W W W W W
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	100195009 J	TATEM		ron-
City & State		City & State		4. FEI Number 65-1044389			plied For at Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						fress of New Registered	Agent	
STANLEY, LINDA 5885 SUMMIT BLVD			\vdash	Name CAROII ROBERT WRIGHT Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM B	BEACH, FL 33415.	Please Make	;	15439	94 M	Street 1	Jorth	
J Change =				city West 1	241.4 0.4		Zip Code	0
8 The above name	and entity submits this statement for	the numose of changing its					2)	412 and accept
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 Signature, lybed or printed name of registered agent and title if specificable (NOTE: Registered Agent signature required when reinstating) DATE							8	
Signature, typed or principlisms of registerior agriculture in approximate Agric supercered Agric supercered Wilson Fernanciang) Make check payable to								
FILE NOW!!! FEE IS \$297.50						Florida Depa		
						1		
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