2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000702

Entity Name: RESPECT FOR LAW OPTIMIST CLUB, INC.

FILED May 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

TIM KURKIMILIS
PO BOX 2966
TIM KURKIMILIS
2210 PECK ST

FORT MYERS, FL 33901 FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

PO BOX 2966

FORT MYERS, FL 33902

FEI Number: 65-1013024 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:

KURKIMILIS, TIMOTHY E
PO BOX 2966

KURKIMILIS, TIMOTHY E
2210 PECK ST

FORT MYERS, FL 33902 US FORT MYERS, FL 33902 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: TIMOTHY E KURKIMILIS 05/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 KURKIMILIS, TIM
 Name:
 KURKIMILIS, TIM

 Address:
 PO BOX 2966
 Address:
 2210 PECK ST

 City-St-Zip:
 FT. MYERS, FL 33902
 City-St-Zip:
 FT. MYERS, FL 33902

Title: 1VPT () Delete Title: 1VPT (X) Change () Addition Name: LANE, MARLIN Name: LEWIS, LISA

Address: PO BOX 2966 Address: PO BOX 2966

City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: FORT MYERS, FL 33902

Title: SD () Delete Title: SD (X) Change () Addition Name: LEWIS, LISA Name: GAYTAN, JENNIFER

Address: PO BOX 2966 Address: PO BOX 2966

City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: FORT MYERS, FL 33902

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.

SIGNATURE: TIMOTHY E KURKIMILIS PD 05/20/2007