2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006614

Address:

City-St-Zip:

ALVA, FL 33920

Oct 17, 2008 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF ASIAN AMERICAN PROFESSIONALS IN SW FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 500 LOGAN BLVD NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** PO BOX 9875 NAPLES, FL 34101 FEI Number: 59-3726509 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: LIN, JUDY E LIN, JUDY E 4001 TAMIAMI TRAIL N 7134 BLUE JUNIPER COURT NAPLES, FL 34103 102 NAPLES, FL 34109 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: JUDY E. LIN 10/17/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WRIGHT, JUDY Name: Name: 28201 JENEVA WAY Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: PD () Delete Title: () Change () Addition LIN, JENNIFER K Name: Name: Address: 12409 MUDDY CREEK LANE Address: City-St-Zip: FT. MYERS, FL 33913 City-St-Zip: Title: SD () Delete Title: () Change () Addition LIN, JUDY E Name: Name: 4001 TAMIAMI TRAIL N Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: HONG, STEVE Name: 3323 OLYMPIC DRIVE Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: Title: (X) Delete () Change () Addition GRASMEIER, MARIE Name: Name: 17151 PALM BEACH BLVD

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.

Address:

City-St-Zip:

SIGNATURE: JUDY E. LIN SD 10/17/2008