

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 16, 2007
Secretary of State**

DOCUMENT# N01000007208

Entity Name: BOCA RATON BROMELIAD SOCIETY, INC.

Current Principal Place of Business:

22690 LEMON TREE LANE
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

22690 LEMON TREE LANE
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 65-1147965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, TAMMY
22690 LEMON TREE LANE
BOCA RATON, FL 33428 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: TAMMY MARKS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, KITTY
Address: 13209 77TH PLACE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VD () Delete
Name: BURGER, CATHERINE
Address: 640 ATLANTIS ESTATES WAY
City-St-Zip: LAKE WORTH, FL 33462

Title: SD () Delete
Name: STOTT, FE
Address: 21717 TOWN PLACE DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: MARKS, TAMMY
Address: 22690 LEMON TREE LANE
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: GRIMM, NORMA
Address: 14311 ANGELICA COURT
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: THOMPSON, LYNN
Address: 6983 ASHTON ST.
City-St-Zip: BOYNTON BEACH, FL 33437

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
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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 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: TAMMY MARKS

TD

10/16/2007

Electronic Signature of Signing Officer or Director

Date