

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01000007373**

1. Corporation Name

Environmental Defense Foundation, Inc.

2. Principal Office Address - No P.O. Box #

5050 F Elmhurst Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5050 F Elmhurst Rd

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33417

Country

USA

Zip

33417

Country

USA

7. Name and Address of Current Registered Agent

Name

Walter K. Franklin

Street Address (P.O. Box Number is Not Acceptable)

7520 Palm Rd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Walter K Franklin

REGISTERED AGENT MUST SIGN

Date 10/9/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CB	H. Frank Wig hard Chairman of the Board	4404 N.W. Cove Circle	Port St. Lucie, FL 34983
DP	Walter K. Franklin Director, President	7520 Palm Rd	West Palm Beach, FL 33406
DS	Wanda Ransone Director, Secretary	5050 F Elmhurst Rd	West Palm Beach, FL 33417
DVP	Julian M. Downey Director, Vice President	4921 Palmetto Dr.	Ft. Pierce, FL 34982 300110742493 10/13/07--01061--026 *253.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Walter K. Franklin / Walter K. Franklin 10/9/07 561-707-1633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2007 OCT 12 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/01

5. FEI Number

65-1015168

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

OL-07

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