

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002051

FILED
Dec 19, 2005
Secretary of State

Entity Name: LYNETTE PAUL FOUNDATION INC.

Current Principal Place of Business:

802 WEST DOVER ST.
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

802 WEST DOVER ST.
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 80-0057007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PAUL, LYNETTE
802 WEST DOVER ST.
TALLAHASSEE, FL 32304 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: LYNETTE PAUL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAUL, MPH, CHES, LYNETTE
Address: 802 WEST DOVER ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: TT () Delete
Name: PALMER, KARA
Address: 2408 CLEMONS ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: TT () Delete
Name: WELCH, SONYA
Address: 2408 CLEMONS ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change () Addition
Name: PAUL, MPH, CHES, LYNETTE
Address: 802 WEST DOVER ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: MS. (X) Change () Addition
Name: PALMER, KARA
Address: 2408 CLEMONS ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MS. (X) Change () Addition
Name: WELCH, SONYA
Address: 2408 CLEMONS ROAD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNETTE PAUL

Electronic Signature of Signing Officer or Director

MRS.

12/19/2005

Date