

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004726

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA ANGLERS FOR EVERGLADES RESTORATION, INC.

**Current Principal Place of Business:**

6883 SOUTH WATERWAY DRIVE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6883 SOUTH WATERWAY DRIVE  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 02-0624135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

PERSSON, RICHARD A  
10901 SW 106 AVE  
MIAMI, FL 33176      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: RICHARD PERSSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OVIES, AL  
Address: 6883 SOUTH WATERWAY DRIVE  
City-St-Zip: MIAMI, FL 33155

Title: VD ( ) Delete  
Name: PERSSON, RICHARD  
Address: 10901 S.W. 106 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: ARNOLD, BRAD  
Address: 3720 N. 57TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33201

Title: TD (X) Delete  
Name: WARNER, STEVE  
Address: 11217 N.W. 12TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WARNER, STEVE  
Address: 11217 NW12TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

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: AL OVIES

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date