

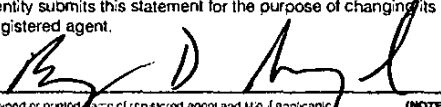
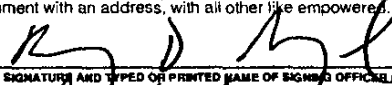
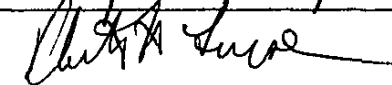


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|-----------------------------------|---|--|--|---|--|--|
| DOCUMENT # N03000001142 1. Entity Name ROTARY CLUB BOCA RATON SUNSET FOUNDATION, INC. | | | |  | | <div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> FILED 06 FEB 22 AM 9:08 TALLAHASSEE, FLORIDA </div> | |
| Principal Place of Business 2385 EXECUTIVE CENTER DR 100 BOCA RATON, FL 33431 | | Mailing Address 2385 EXECUTIVE CENTER DR 100 BOCA RATON, FL 33431 | |  | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 11212005 REIN-NP | | CR2E099 (6/04) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 80-0122899 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| SIEGEL, BARRY D 2385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE  | | | | DATE 11/22/05 | | | |
| Signature, typed or printed name of registered agent and title if applicable <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE | | | |
| FILE NOW!!! FEE IS \$61.25 | | After January 1, 2006, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LAINE, STEVEN | | | NAME | 500061744655 | | |
| STREET ADDRESS | 500 SOUTH OCEAN BLVD. #904 | | | STREET ADDRESS | 03/03/06--01025--026 **\$1.25 | | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | | | CITY-ST-ZIP | 11/23/05--01016--004 **\$1.25 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PERMAN, STEVEN M | | | NAME | 500061744655 | | |
| STREET ADDRESS | 20401 STATE RD. 7 #G-10 | | | STREET ADDRESS | 11/23/05--01016--004 **\$1.25 | | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | | | CITY-ST-ZIP | 11/23/05--01016--004 **\$1.25 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LUSTIG, PHIL III | | | NAME | 500061744655 | | |
| STREET ADDRESS | 9937 MAJORCA PLACE | | | STREET ADDRESS | 11/23/05--01016--004 **\$1.25 | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | | CITY-ST-ZIP | 11/23/05--01016--004 **\$1.25 | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | REINSTATEMENT 05-06 | | |
| STREET ADDRESS | | | | STREET ADDRESS | REINSTATEMENT 05-06 | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | REINSTATEMENT 05-06 | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | REINSTATEMENT 05-06 | | |
| STREET ADDRESS | | | | STREET ADDRESS | REINSTATEMENT 05-06 | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | REINSTATEMENT 05-06 | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE:  | | | | DATE 11/22/05 | | DAYTIME PHONE 561-929-1968 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR | | | | DATE | | DAYTIME PHONE | |
|  | | | | 1-30-06 | | 561-212-6554 | |