# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 14, 2009**
**Secretary of State**

DOCUMENT# N03000002260

**Entity Name:** THE PINELLAS PARK LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

9790 66TH STREET N
LOT 164
PINELLAS PARK, FL 337822812

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 535
PINELLAS PARK, FL 337800535

**New Mailing Address:**

**FEI Number: 43-2003786** **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:**

LOZIER, MAURICE B
9790 66TH STREET N
LOT 164
PINELLAS PARK, FL 337822812 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: MAURICE B. LOZIER

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: TRIBIANO, WAID
Address: 9428 133RD STREET N
City-St-Zip: SEMINOLE, FL

Title: D ( ) Delete
Name: LOZIER, MAURICE
Address: 9790 66TH STREET N #164
City-St-Zip: PINELLAS PARK, FL

Title: D ( ) Delete
Name: RUSSELL, BLAINE
Address: 7071 58TH STREET N
City-St-Zip: PINELLAS PARK, FL

**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:

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: MAURICE B. LOZIER TRES 10/14/2009

Electronic Signature of Signing Officer or Director — Date