2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006903

FILED Oct 02, 2009 Secretary of State

Entity Name: LAKE WORTH LAGOON ENVIRONMENTAL DEFENSE FUND, INC.

• • •	Principal Place of Business:	New Principal Place of Business:	
	H ROAD N ALM BEACH, FL 33404		
Current N	Mailing Address:	New Mailing Address:	
P.O. BOX NORTH F	.14932 PALM BEACH, FL 33408		
In accordai	r: 14-1895034 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Statunot receive the prior notice. Name and Address of New Registered A	
			· •
4317 70TI	DS, GREGORY L H ROAD N. ALM BEACH, FL 33404 US		
	e named entity submits this statement for the te of Florida.	purpose of changing its registered office or registered	I agent, or both,
SIGNATU	IRE: GREGORY L REYNOLDS		
		nent Data	
	Electronic Signature of Registered A	gent Date	
OFFICER	Electronic Signature of Registered A	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS
Title: Name: Address:	-		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D () Delete REYNOLDS, GREGORY L 4317 70TH ROAD N	ADDITIONS/CHANGES TO OFFICERS A Title: () Change () Addition Name: Address:	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	D () Delete REYNOLDS, GREGORY L 4317 70TH ROAD N WEST PALM BEACH, FL 33404 US D () Delete TITCOMB, JAMES 453 COUNTRY CLUB DRIVE	ADDITIONS/CHANGES TO OFFICERS A Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	D () Delete REYNOLDS, GREGORY L 4317 70TH ROAD N WEST PALM BEACH, FL 33404 US D () Delete TITCOMB, JAMES 453 COUNTRY CLUB DRIVE ATLANTIS, FL 33462 US D () Delete SYKES, BERNARD G 333 E 24TH STREET	ADDITIONS/CHANGES TO OFFICERS A 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: GREGORY L REYNOLDS D 10/02/2009