

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N03000010490

Entity Name: PAPILIO FOUNDATION, INC.

Current Principal Place of Business:

845 SOUTH SCHOOL AVENUE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3741
SARASOTA, FL 34230

New Mailing Address:

845 SOUTH SCHOOL AVENUE
SARASOTA, FL 34237

FEI Number: 33-1075988 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:

MASON, LINDA J CPA
4428 SANIBEL WAY
BRADENTON, FL 34203 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: LINDA J MASON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KANNER, JOSEPH
Address: 4675 STONEBRIDGE TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: V () Delete
Name: SHIFFMAN, ADAM
Address: 2346 BAHIA VISTA STREET
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: ROBERTSON, BRUCE
Address: 2956 UPPER TANGELO DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: T () Delete
Name: MASON, LINDA CPA
Address: 4428 SANIBEL WAY
City-St-Zip: BRADENTON, FL 34203

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:

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: LINDA J MASON

Electronic Signature of Signing Officer or Director

TD

01/27/2009

Date