

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                 |  |                                                                                                                          |                                                                            |                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000000012</b><br>1. Entity Name<br><b>MURRAY FAMILY FOUNDATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                 |  |                                         |                                                                            | <b>FILED</b><br><b>06 OCT 19 AM 8:42</b><br>DEPT. OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>8665 BAY COLONY DRIVE<br/>#403<br/>NAPLES, FL 34108</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                 |  | Mailing Address<br><b>8665 BAY COLONY DRIVE<br/>#403<br/>NAPLES, FL 34108</b>                                            |                                                                            |                                                                                    |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                 |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                            |                                                                            |                                                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                 |  | City & State                                                                                                             |                                                                            |                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | Country                         |  | Zip                                                                                                                      |                                                                            | Country                                                                            |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LOWRY HILL<br/>305 5TH AVE S<br/>#204<br/>NAPLES, FL 34102</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                            |                                                                                    |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                 |  | 4. FEI Number<br><b>52-2421896</b>                                                                                       |                                                                            |                                                                                    |  |
| Signature, typed or printed name of registered agent and title if applicable.<br><i>Carolyn K. Meyer</i><br>Carolyn K. Meyer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                          |                                                                            |                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$61.25<br/>After January 1, 2007, Fee will be \$122.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                 |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                             |                                                                            |                                                                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                             |                                                                            |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>MURRAY, MARILYN S<br>8665 BAY COLONY DRIVE #403<br>NAPLES, FL 34108 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | 09/26/06 01068 001 \$61.25                                                 |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | V<br>HAYES, MEGAN S<br>17435 32ND AVE N<br>PLYMOUTH, MN 55447             | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S<br>OLNESS, MARGOT<br>1720 CROSBY ROAD<br>WAYZATA, MN 55391              | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T<br>MURRAY, KENNETH R<br>8665 BAY COLONY DR #403<br>NAPLES, FL 34108     | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A<br>LOWRY HILL, AGENT<br>305 FIFTH AVE S #204<br>NAPLES, FL 34102        | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | \$210/19 <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                           | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                    |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |                                                                           |                                 |  |                                                                                                                          |                                                                            |                                                                                    |  |
| <b>SIGNATURE:</b> <i>Kenneth R. Murray</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                 |  | 10/10/06 (239) 434-7800<br>Date Daytime Phone #                                                                          |                                                                            |                                                                                    |  |