2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 26, 2007
Secretary of State

DOCUMENT# N04000005337

Entity Name: KEY WEST AND LOWER KEYS FISHING GUIDES ASSOCIATION, INC.

Current Principal Place of Business:

SUGAR LOAF VFD
US 1 MM 17
SUGAR LAOF KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420331
SUMMERLAND KEY, FL 33042

New Mailing Address:

FEI Number: 55-0868534 **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:

YATES, BRYAN
3821 EAGLE AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BECKER, SIMON D
22881 JOHN SILVER LANE
CUDJOE KEY, FL 33042 US

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: SIMON BECKER 07/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: YATES, BRYAN
Address: 3821 EAGLE AVE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: KILPATRICK, DOUG
Address: 22969 SHARP LN
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: D ( ) Delete
Name: DELASCHMIDT, DREW
Address: 621 PATTISON DR
City-St-Zip: CADJOE KEY, FL 33042

Title: D ( ) Delete
Name: VAUGHN, MIKE
Address: 1009 COXON LN
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D ( ) Delete
Name: BECKER, SIMON
Address: 22881 JOHN SILVER LN
City-St-Zip: CUDJOE KEY, FL 33042

Title: D ( ) Delete
Name: IMPALLOMENI, STEVE
Address: 24730 PARK DR
City-St-Zip: SUMMERLAND KEY, FL 33042

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:

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: SIMON BECKER D 07/26/2007
Electronic Signature of Signing Officer or Director Date