

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 11 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-NP CR2E099 (6/04)

DOCUMENT # N04000008977 1. Entity Name IUI FOUNDATION, INC.			
Principal Place of Business 27299 RIVERVIEW CENTER BLVD. SUITE 210 BONITA SPRINGS, FL 34134		Mailing Address 27299 RIVERVIEW CENTER BLVD. SUITE 210 BONITA SPRINGS, FL 34134	
2. Principal Place of Business <i>27299 Riverview Center Blvd</i> Suite, Apt. #, etc. <i>Suite 207</i> City & State <i>Bonita Springs, FL</i> Zip <i>34134</i>		3. Mailing Address Suite, Apt. #, etc. <i>Suite 207</i> City & State <i>Bonita Springs, FL</i> Zip <i>34134</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>30-0274721</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEDOR, BRUCE G 28171 WINTHROP CIRCLE BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CULLEY, JAMES C 27299 RIVERVIEW CENTER BLVD., SUITE 210 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/11/05 - 01055 - 004</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CULLEY, TERESA A 27299 RIVERVIEW CENTER BLVD., SUITE 210 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300060496513</i> <i>10/11/05 - 01055 - 004 **122.50</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CULLEY, SANDRA A 27299 RIVERVIEW CENTER BLVD., SUITE 210 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE <i>Sandra Culley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>10/6/05 (239) 498-7111</i> <small>Daytime Phone #</small>	

10/11/05