2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011965

FILED Feb 23, 2006 Secretary of State

Entity Name: ANDERSON CHARITABLE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2111 SWANN AVE., 2ND FLOOR 2111 WEST SWANN AVE., SUITE 200 TAMPA, FL 33606 TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** 2111 SWANN AVE., 2ND FLOOR 2111 WEST SWANN AVE., SUITE 200 TAMPA, FL 33606 TAMPA, FL 33606 FEI Number: 20-2054920 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: Name and Address of New Registered Agent: RICHARDS, GREGORY A JR 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602 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: GREGORY A. RICHARDS, JR. Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition ANDERSON, STEVEN G Name: Name: Address: Address: 2111 WEST SWANN AVENUE, SUITE 200 City-St-Zip: City-St-Zip: TAMPA, FL 33606 US Title: Title: () Change (X) Addition () Delete Name: Name: ANDERSON, ANNE Address: Address: 2111 WEST SWANN AVENUE, SUITE 200 City-St-Zip: City-St-Zip: TAMPA, FL 33606 US Title: () Delete Title: () Change (X) Addition Name: ANDERSON, JAMES W Name: 2111 WEST SWANN AVENUE, SUITE 200 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN G. ANDERSON P 02/23/2006