



# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000011988</b> 1. Entity Name <b>LEHIGH ACRES WATCHDOG, INC.</b>						<b>FILED</b> <b>09 JUL -7 PM 4:25</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>110 3RD ST E</b> <b>LEHIGH ACRES, FL 33936</b>				Mailing Address <b>P.O. BOX 1778</b> <b>LEHIGH ACRES, FL 33970</b>			
2. Principal Place of Business - No P.O. Box # <b>1147 Cherokee Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1778</b> Suite, Apt. #, etc.					
City & State <b>Lehigh Acres FL</b>		City & State <b>Lehigh Acres FL</b>		4. FEI Number <b>20-2051170</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33936</b>		Country <b>USA</b>		Zip <b>33970</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, ROBERT J</b> <b>110 E 3RD ST</b> <b>LEHIGH ACRES, FL 33936</b>				7. Name and Address of New Registered Agent Name <b>ROBERT J ANDERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1147 Cherokee Ave</b> City <b>Lehigh Acres</b> <b>FL</b> Zip <b>33936</b>			
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 <b>Robert J Anderson</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>				(NOTE: Registered Agent signature required when reinstating)			
DATE <b>MAY 29, 2009</b> <small>DATE</small>							
<b>FILE NOW!!! FEE IS \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, ROBERT P.O. BOX 1778 LEHIGH ACRES, FL 33970 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500158206375</b> <b>07/07/09--01019--002 **131.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIDDLETON, CURTIS P P.O. BOX 1778 LEHIGH ACRES, FL 33970 <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	STD ANDERSON, LAURA P.O. BOX 1778 LEHIGH ACRES, FL 33970 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP STD</b> <b>ANDERSON, LAURA</b> <b>P.O. Box 1778</b> <b>Lehigh Acres FL 33970</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROPES, DON P.O. BOX 1778 LEHIGH ACRES, FL 33970 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>07/14</b>		
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 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.							
SIGNATURE: <b>Robert J Anderson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>039-245-4815</b> <small>Daytime Phone #</small>			