

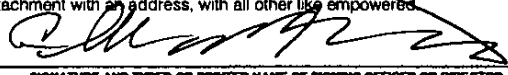


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000006971 1. Entity Name ALANO CLUB OF PENSACOLA, FLORIDA, INCORPORATED						08 DEC -8 PM 2:48 ALBANY, FLORIDA 			
Principal Place of Business 2623 WEST CERVANTES STREET PENSACOLA, FL 32505				Mailing Address 2623 WEST CERVANTES STREET PENSACOLA, FL 32505					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		11032008 REIN-NP CR2E099 (1/07)		4. FEI Number 20-3159501		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, ALBERT W 2500 W LAKEVIEW AVENUE PENSACOLA, FL 32506						7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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. <i>No Change.</i>									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				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 C SMITH, ALBERT W 2500 WEST LAKEVIEW AVENUE PENSACOLA, FL 32505 <input type="checkbox"/> Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP 900138688329 12/08/08--01046--008 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D NOLAN, EDDIE 423 EL MATADOR TRAIL PENSACOLA, FL 32506 <input checked="" 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 T ALTENBAUGH, RICHARD L REV 1621 GALVIN AVE PENSACOLA, FL 32526 <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 MANAGER MEISTER, DANIEL J 7317 HAYWARD AVE PENSACOLA FL 32526 <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			
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:  12/5/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									

12/8
aw