2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# N05000009356

Entity Name: LAW ENFORCEMENT CADAVER DOGS, INC.

Current Principal Place of Business:

2410 BOB PHILLIPS ROAD
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

PO BOX 956
BARTOW, FL 33831

New Mailing Address:

FEI Number: 20-3476609 **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:

CALLAHAN, VICKIE L
2410 BOB PHILLIPS ROAD
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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: VICKIE L CALLAHAN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CALLAHAN, VICKIE L
Address: 2410 BOB PHILLIPS ROAD
City-St-Zip: BARTOW, FL 33830

Title: VD ( ) Delete
Name: COGSWELL, BRIAN L
Address: 455 N BROADWAY
City-St-Zip: BARTOW, FL 33830

Title: STD ( ) Delete
Name: LATTIG, MARY
Address: 1732 LAGOON CT
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: LAMONS, CAROL D
Address: 2300 29TH ST NW
City-St-Zip: WINTER HAVEN, FL 33881

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: CAROL D LAMONS STD 09/29/2009

Electronic Signature of Signing Officer or Director — Date