

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000009578 1. Entity Name KILLIAN FOUNDATION, INC.				FILED 07 MAY 10 PM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3800 WASHINGTON RD STE 408 WEST PALM BEACH, FL 33405		Mailing Address 3800 WASHINGTON RD STE 408 WEST PALM BEACH, FL 33405		 REINSTATEMENT 06-07	
2. Principal Place of Business - No P.O. Box # 200 SOUTH POINTE DRIVE Suite, Apt. #, etc. SUITE # 606 City & State MIAMI BEACH, FL Zip 33139 Country USA		3. Mailing Address 1531 SOUTH 84th ST Suite, Apt. #, etc. APT # 501 City & State ST. LOUIS, MO Zip 63104 Country USA			
4. FEI Number 203414718		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KILLIAN, ROBERT J 3800 WASHINGTON RD STE 408 WEST PALM BEACH, FL 33405			7. Name and Address of New Registered Agent Name: ROBERT J. KILLIAN Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH POINTE DRIVE SUITE #606 City: MIAMI BEACH 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.					
SIGNATURE: <u>Robert J. Killian</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>May 7, 2007</u>					
FILE NOW!!! FEE IS \$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	P KILLIAN, ROBERT J	Delete	TITLE	PRESIDENT ROBERT J. KILLIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3800 WASHINGTON RD STE. 408		STREET ADDRESS	200 SOUTH POINTE DRIVE SUITE #606	
CITY - ST - ZIP	WEST PALM BEACH, FL 33405		CITY - ST - ZIP	MIAMI BEACH, FL 33139	
TITLE	S MAREY, GUADALUPE	Delete	TITLE	SECRETARY GUADALUPE MAREY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	OLAZABAL 3141 6A C.P. 1429		STREET ADDRESS	AVENIDA CONGRESO 2167	
CITY - ST - ZIP	CAPITAL FEDERAL ARGENTINA,		CITY - ST - ZIP	BUENOS AIRES, ARGENTINA	
TITLE	D ANDROGUE, GEORGINA	Delete	TITLE	DIRECTOR JOAQUIN LIZASO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	J.M GUTIERREZ 2618 PB "C" C.P. 1426		STREET ADDRESS	DIEGO PALMA 444, 4 PISO, DEPTO C	
CITY - ST - ZIP	CAPITAL FEDERAL ARGENTINA,		CITY - ST - ZIP	SAN ISIDRO, ARGENTINA	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	500103288345	
CITY - ST - ZIP			CITY - ST - ZIP	05/25/07--01024--016 **131.25	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Robert J. Killian</u> <u>ROBERT J. KILLIAN</u> , 5/7/07, (314) 799-7878 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

$$\begin{array}{r} 122.50 \\ + 8.75 \rightarrow \text{copy} \\ \hline 131.25 \\ \hline \hline \hline \hline \hline \hline \end{array}$$

Please send copy to:
ROBERT KILLIAN
1531 S. 8th ST #501
ST. LOUIS, MO 63104