## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000009827

FILED Oct 15, 2009 Secretary of State

Entity Name: GEORGE DE MARCO FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3527 DOMESTIC AVE NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 3527 DOMESTIC AVE NAPLES, FL 34104 FEI Number: 20-3521170 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: DE MARCO, CARLA 3527 DOMESTIC AVE NAPLES, FL 34104 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: CARLA DEMARCO Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete DE MARCO, LORETTA Name: Name: 3527 DOMESTIC AVE Address: Address: City-St-Zip: NAPLES, FL 34104 US City-St-Zip: Title: () Delete Title: () Change () Addition GARRIDO, JAVIER I Name: Name: Address: 3527 DOMESTIC AVE Address: City-St-Zip: NAPLES, FL 34104 US City-St-Zip: Title: SEC () Delete Title: () Change () Addition DE MARCO, MARIA Name: Name: 3527 DOMESTIC AVE Address: Address: City-St-Zip: NAPLES, FL 34104 US City-St-Zip: Title: TREA ( ) Delete Title: () Change () Addition Name: LAGRASTA MAFFEI, PHYLLIS Name: 3527 DOMESTIC AVE Address: Address: City-St-Zip: NAPLES, FL 34104 US City-St-Zip: Title: DIR ( ) Delete Title: () Change () Addition SEWARD, ANNAMARIA D Name: Name: 3527 DOMESTIC AVE Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition FRATER, FITZGERALD FRATER, FITZGERALD Name: Name: Address: 999 NINTH STREET S. #204 Address: 2375 TAMIAMI TRAIL N. STE. 210 NAPLES, FL 34102 NAPLES, FL 34103 City-St-Zip: City-St-Zip:

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: LORETTA DE MARCO PRES 10/15/2009