

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 05, 2007
Secretary of State**

DOCUMENT# N06000006738

Entity Name: THE LOUIS ARGITIS JR. FOUNDATION FOR CHALLENGED CHILDREN, INC.

Current Principal Place of Business:

112 TINTO WAY
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

112 TINTO WAY
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-0290305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLES, JR., JOSEPH L
19 RIBERIA STREET
ST. AUGUSTINE, FL 32084 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: JOSEPH BOLES, JR.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARGITIS, JR., LOUIS
Address: 112 TINTO WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: ARGITIS, KATHRYN
Address: 112 TINTO WAY
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: MAS, MIGUEL M.D.
Address: 324 RED WING LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: PULLEN, II, J. MIKE
Address: 180 FONSECA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: KATHRYN ARGITIS

Electronic Signature of Signing Officer or Director

DIRE

10/05/2007

Date