2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 10, 2008
Secretary of State

DOCUMENT# N06000009471

Entity Name: LIGHTS DOWN FOR WILDLIFE, INC.

Current Principal Place of Business:

504 BEVERLY STREET
APT. 2
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

504 BEVERLY STREET
APT. 2
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 56-2610720 **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:

RUHL, ADRIENNE
504 BEVERLY STREET
APT. 2
TALLAHASSEE, FL 32301 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: ADRIENNE RUHL

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TRINDELL, ROBBIN	
Address:	6 THREE SISTERS ROAD	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	SD	( ) Delete
Name:	RUHL, ADRIENNE	
Address:	504 BEVERLY STREET APT. 2	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	TD	( ) Delete
Name:	SAMEK, KELLY	
Address:	127 EAST 7TH AVE.	
City-St-Zip:	HAVANA, FL 32333	
Title:	ED	( ) Delete
Name:	MOODY-SPRINGER, KAREN	
Address:	4707 GOLD FINCH DRIVE	
City-St-Zip:	HAMPSTEAD, MD 21074	

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: KAREN M. MOODY-SPRINGER DIR. 11/10/2008

Electronic Signature of Signing Officer or Director — Date