2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012845

FILED Feb 14, 2008 Secretary of State

Entity Name: SOUTHWEST FLORIDA BOBCATS, INC. **Current Principal Place of Business: New Principal Place of Business:** 5014 BILLINGS STREET LEHIGH ACRES, FL 33971 **Current Mailing Address: New Mailing Address:** 5014 BILLINGS STREET LEHIGH ACRES, FL 33971 FFI Number: FEI Number Applied For (X) 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: BATTLE, TOMMIE L JR 5014 BILLINGS STREET LEHIGH ACRES, FL 33971 US 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: TOMMIE L. BATTLE, JR. Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BATTLE, TOMMIE L JR Name: Name: Address: 5014 BILLINGS STREET Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: () Delete Title: () Change () Addition BATTLE, CYNTHIA R Name: Name: Address: 5014 BILLINGS STREET Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, JOHNNY M Name: Name: **5014 BILLINGS STREET** Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: () Delete Title: () Change (X) Addition JOSE, NIETO Name: Name: Address: Address: **5014 BILLINGS STREET** City-St-Zip: City-St-Zip: NAPLES, FL 33971

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: CYNTHIA R. BATTLE D 02/14/2008