

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000000752

FILED  
Oct 01, 2009  
Secretary of State

**Entity Name:** SAVE IT NOW, GLADES!, INC.

**Current Principal Place of Business:**

31111 LITTLE TIGER CROSSING  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1953  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 20-8293495      **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:**

ROFF, RHONDA  
31111 LITTLE TIGER CROSSING  
CLEWISTON, FL 33440 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: RHONDA ROFF

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROFF, RHONDA  
Address: P.O. BOX 1953  
City-St-Zip: CLEWISTON, FL 33440

Title: DV ( ) Delete  
Name: HEIN, STEVE  
Address: 1115 SWINGING TRAIL, MUSE  
City-St-Zip: LABELLE, FL 33935

Title: DST ( ) Delete  
Name: KILCOYNE, LYNNE  
Address: 1715 TOM COKER RD  
City-St-Zip: LABELLE, FL 33935

Title: DS ( ) Delete  
Name: ARNASON, DEBORAH L  
Address: 12 DILL STREET  
City-St-Zip: ALVA, FL 33920

Title: DT ( ) Delete  
Name: COSMO, MARY A  
Address: 3350 HENDRY ISLES BLVD  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: RINGSTAFF, PATRICIA A  
Address: 1277 WESTERN DRIVE  
City-St-Zip: MOORE HAVEN, FL 33471

**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:

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: RHONDA ROFF

PRES

10/01/2009

Electronic Signature of Signing Officer or Director

Date