2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005269

FILED Oct 05, 2009 Secretary of State

Entity Name: CCIM SOUTHWEST FLORIDA DISTRICT FOUNDATION, INC.

Current	rincipal Place of Business:	New Prince	ipal Place of Business:
	W BRITTANY BOULEVARD		
102 FORT MYI	ERS, FL 33907		
Current M	lailing Address:	New Maili	ng Address:
102	W BRITTANY BOULEVARD ERS, FL 33907		
FEI Number: In accordan			
102 FORT MY	W BRITTANY BOULEVARD ERS, FL 33907 US		
	named entity submits this statement for the purpe of Florida.	ose of changing i	ts registered office or registered agent, or both,
SIGNATUI	RE: RANDY KRISE		
	Electronic Signature of Registered Agent		Date
OFFICER	Electronic Signature of Registered Agent S AND DIRECTORS:	ADDITION	Date S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address:		ADDITION Title: Name: Address: City-St-Zip:	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	S AND DIRECTORS: D/P () Delete KRISE, RANDY 12650 NEW BRITTANY BOULEVARD	Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	D/P () Delete KRISE, RANDY 12650 NEW BRITTANY BOULEVARD FORT MYERS, FL 33907 VP/T () Delete LARSON, BEV 16970-C SAN CARLOS BLVD. #288	Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D/P () Delete KRISE, RANDY 12650 NEW BRITTANY BOULEVARD FORT MYERS, FL 33907 VP/T () Delete LARSON, BEV 16970-C SAN CARLOS BLVD. #288 FORT MYERS, FL 33908 S () Delete REYNOLDS, ROBERT 13120 WESTLINKS TERRACE BLVD., SUITE 2	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Change () Addition S (X) Change () Addition FALDE, ANDREW 12730 NEW BRITTANY BLVD SUITE 300

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: RANDY KRISE O 10/05/2009