2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

FILED

04 OCT 28 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19177

1. Entity Name
FRIENDS OF FT. TAYLOR, INC.

Principal Place of Business	Mailing Address
% FT TAYLOR, SOUTHARD ST. ON TRUMAN ANX. P. O. BOX 58 KEY WEST, FL 33041	% FT TAYLOR, SOUTHARD ST. ON TRUMAN ANX. P. O. BOX 58 KEY WEST, FL 33041

10232004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0019434
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABANAS, SHERI L 2510 HARRIS AVP KEY WEST, FL 33040	Name: BURLEY, DANIEL T. Street Address (P.O. Box Number is Not Acceptable): 1400 DUVAL ST. City: KEY WEST FL Zip Code: 33040

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Daniel T. Burley Daniel T. Burley DATE: 10/27/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $236.25
After January 1, 2005, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPMG KNOPKE, MARK P.O. BOX 6560 KEY WEST, FL 33041	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT P. RICHARD GOUBAITIS 912 TRUMAN AV. KEY WEST, FL., 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, JOHN R 1212 GEORGIA STREET KEY WEST, FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT V. DAVID ROUMM 1626 SIRUGO AV. KEY WEST, FL., 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABANAS, GEORGE 653 COLSON DR. KEY LARGO, FL 33037	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER T. DANIEL T. BURLEY 1400 DUVAL ST. KEY WEST, FL., 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMAS, JACK PO BOX 5824 KEY WEST, FL 33045	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY S. LORI ANN CUMMINGS 3320 DUCK AV. KEY WEST, FL., 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, PAUL PO BOX 6452 KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR D. PAUL WILLIAMS 6910 FRONT ST. KEY WEST, FL 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400042285464 10/28/04--01050--011 **245.00	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Williams PAUL WILLIAMS 23OCT 04 (305-) 849 8675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #