2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# N24066

Entity Name: THE KOBACKER FOUNDATION, INC.

Current Principal Place of Business:

407 PLEASANT MOUNTAIN DRIVE, #390
DILLARD, GA 30537

New Principal Place of Business:

Current Mailing Address:

407 PLEASANT MOUNTAIN DRIVE, #390
DILLARD, GA 30537

New Mailing Address:

FEI Number: 59-2864161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOBACKER, ROBIN A
1335 NE 12TH AVENUE
FT. LAUDERDALE, FL 33304 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: ROBIN A. KOBACKER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: KOBACKER, JAMES M
Address: 407 PLEASANT MOUNTAIN DRIVE, #390
City-St-Zip: DILLARD, GA 30537

Title: VPD ( ) Delete
Name: KOBACKER, ROBIN A
Address: 1335 NE 12TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: TD ( ) Delete
Name: KOBACKER, KIMBERY
Address: 4208 LYNN ORA DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: SD ( ) Delete
Name: KOBACKER, CANDICE J
Address: 8129 NORTHPOINTE BLVD.
City-St-Zip: PENSACOLA, FL 32514

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: JAMES M. KOBACKER CHMN 10/27/2009

Electronic Signature of Signing Officer or Director — Date