*2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N38823 1. Entity Name PROFESSIONAL GIVERS ANONYMOUS OF COLLIER									۸۳		LED	
COUNTY, INC.						11/2	5		05	AUG 1	9 PM 1	: 10
Principal Place of Business 4001 TAMIAMI TRAIL NORTH STE 404 NAPLES, FL 34103			4001 STE 4	Mailing Address 4001 TAMIAMI TRAIL NORTH STE 404 NAPLES, FL 34103				4 (*** HIBI - ***			(Ý OF ST SEE, FLI	
2. Principal Place of Business			3. Mailing Address POST OFFICE BOX 3001									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08122005	REIN-NP	CR2E	099 (6/04)		
City & State			NAPE	NAPLES, FL				4. FEI Numbe 65-021				pplied For ot Applicable
Zip	Country		3410	34106-3001		Country USA			of Status Desired		\$8.75 Ad Fee Require	
	6. Name and A	Address of Current	Registered	i Agent		Name		7. Name and	Address of New F	legistered	Agent	
BOND, SCHOENECK & KING						.ddress (F	P.O. Box Number	er is Not Acceptable	9)			
SUITE 404 NAPLES, I									-			
NAPLES, FL 34103						City				FL	Zip Coc	de
	named entity subritions of registered a	nits this statement fo	r the purpo	se of changing its	register	red office o	r register	ed agent, or bot	h, in the State of Fl	orida. I am	familiar with	, and accept
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SIGNATURE.	Signature typed or print							087227	0501067-		**Z37.3	الت
	orgination types or primit	ed name of registered agent a	and title if appl	cable. (NOT	E: Register	red Agent eign	eture requin	ed when reinstating)		DATE		
FII	LE NOWIII FE		and title if appl	cable, (NOT	E: Register	red Agent eign	ature requin	ed when reinstating)	I	lake chec	k payable t	
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Patricia K. Meehan

August 15, 2005

Daytime Phone #