2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46755

FILED Oct 13, 2009 Secretary of State

Entity Name: PUNTA GORDA LIONS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1780 DEBORAH DR **UNIT 12** PUNTA GORDA, FL 33950 **New Mailing Address: Current Mailing Address:** P.O. BOX 510915 P.O. BOX 510915 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33951 FEI Number: 65-0308691 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: RINGELSTEIN, WILLIAM E. 1780 DEBORAH DR., **UNIT 12** PUNTA GORDA, FL 33950 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: WILLIAM E. RINGELSTEIN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RUSSELL, CLAIRE CHORAZAK, JUDY Name: Name: 26371 SEMINOLE LAKES BLVD. Address: 21937 BEVERLY AVE. Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: Title: (X) Change () Addition () Delete BARBER, DIANE Name: CHARLENE, FARINO Name: Address: 1586 RED OAK LN Address: 525 GLENHOLM AVE. City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PUNTA GORDA, FL 33950 Title: VPD () Delete Title: **VPD** (X) Change () Addition FARINO, CHARLENE FARINO, PATRICK Name: Name: 525 GLENHOLM AVE Address: 525 GLENHOLM AVE Address: City-St-Zip: PUNTA GORDA,, FL 33950 City-St-Zip: PUNTA GORDA., FL 33950 Title: D Title: () Change () Addition () Delete MATO, EDGAR Name: Name: 2395 HARBOR BLVD STE 105-A Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: () Delete Title: () Change () Addition RINGELSTEIN, WILLIAM Name: Name: 1780 DEBORAH DR., UNIT 12 Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: () Delete Title: () Change () Addition WESSON, DR. MICHAEL Name: Name: Address: 1020 VIA TRIPOLI Address: PUNTA GORDA, FL 33950 City-St-Zip: 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: WILLIAM E RINGELSTEIN SD 10/13/2009