2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000001764

FILED Feb 19, 2007 Secretary of State

Entity Name: THE LAWTON CHILES FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2930 WOODSIDE DRIVE 531 75TH STREET

TALLAHASSEE, FL 32312 US HOLMES BEACH, FL 34217 US

Current Mailing Address: New Mailing Address:

PO BOX 37364

TALLAHASSEE, FL 32315 US

FEI Number: 59-3400148 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:

ORR, KIMBEL P CHILES, RHEA 2930 WOODSIDE DRIVE 531 75TH STREET

TALLAHASSEE, FL 32312 US HOLMES BEACH, FL 34217 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: RHEA CHILES 02/19/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

Name: CHILES, LAWTON III Name: CHILES, LAWTON III
Address: 2930 WOODSIDE DRIVE Address: 531 75TH STREET

City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: HOLMES BEACH, FL 34217 US

Title: DC () Delete Title: DC (X) Change () Addition Name: CHILES, RHEA Name: CHILES, RHEA

Address: 2930 WOODSIDE DRIVE Address: 531 75TH STREET

City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: HOLMES BEACH, FL 34217 US

Title: DVP () Delete Title: DVP (X) Change () Addition Name: ORR, KIMBEL P Name: ORR, KIMBEL P

 Address:
 2930 WOODSIDE DR
 Address:
 531 75TH STREET

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 HOLMES BEACH, FL 34217

Title: DS () Delete Title: DS (X) Change () Addition

Name: CHILES, ED Name: CHILES, ED

Address: 2930 WOODSIDE DRIVE Address: 531 75TH STREET

City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: HOLMES BEACH, FL 34217 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWTON CHILES PD 02/19/2007