

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000002845

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE LITSCHGI FOUNDATION, INC.

Current Principal Place of Business:

939 SEDDON COVE WY
TAMPA, FL 33602 US

New Principal Place of Business:

3109 W. SUNSET DR.
TAMPA, FL 33629 US

Current Mailing Address:

939 SEDDON COVE WY
TAMPA, FL 33602 US

New Mailing Address:

3109 W. SUNSET DR.
TAMPA, FL 33629 US

FEI Number: 59-3455802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LITSCHGI, BYRNE
100 NORTH TAMPA DR., SUITE 4100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

LITSCHGI, ALBERT B JR.
3109 W. SUNSET DR.
TAMPA, FL 33269 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: ALBERT B. LITSCHGI, JR.

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LITSCHGI, ELAINE H
Address: 939 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: LITSCHGI, BYRNE
Address: 939 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: MCELWANNEY, KATHLEEN L
Address: 4821 SAN JOSE AVE.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: LITSCHGI, ALBERT B JR.
Address: 3109 WEST SUNSET DRIVE
City-St-Zip: TAMPA, FL 33629

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: ALBERT B. LITSCHGI, JR.

DIR

04/28/2008

Electronic Signature of Signing Officer or Director

Date