2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005688

Entity Name: FRIENDS OF GUMMI, INC.

FILED Aug 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 225 MOORINGLINE DR NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 225 MOORINGLINE DRIVE NAPLES, FL 34102 FEI Number: 31-1622591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANK, ANN T 2124 AIRPORT ROAD SOUTH NAPLES, FL 34112 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: ANN T. FRANK Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RUDOLPH, JANICE MRS Name: Name: 225 MOORINGLINE DR Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition RUDOLPH, ROBERT DR Name: Name: Address: 225 MOORINGLINE DR Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition HEDDERICK, JOAN C MRS Name: Name: 7667 NAPLES HERITAGE DR Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: HEEND, MARY MRS Name: HEEND, MARY MRS 8787 BAY COLONY DRIVE, TRIESTE #302 8787 BAY COLONY DRIVE, TRIESTE #302 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 US Title: () Delete Title: (X) Change () Addition CAVANAGH, PAT MRS DEVOE, BARBARA MRS Name: Name: 2890 LONE PINE LANE 106 WILDERNESS LANE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34105 US Title: () Delete Title: (X) Change () Addition IMO, HELEN MRS IMO, HELEN MRS Name: Name: Address: 554 VINTAGE RESERVE LANE Address: 554 VINTAGE RESERVE LANE NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 US City-St-Zip:

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: JANICE RUDOLPH PRES 08/15/2006