


2009 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P02000131770 | |  |
| 1. Entity Name LIONS PRESIDENTS' CLUB, INC. | | |

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|---|---|
| Principal Place of Business 3615 QUANTUM BLVD BOYNTON BEACH, FL 33426 | Mailing Address 3615 QUANTUM BLVD BOYNTON BEACH, FL 33426 |
|---|---|

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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
09 FEB 20 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162009 REIN-P CR2E098 (1/07)

| | | |
|---|--|--|
| 4. FEI Number 65-1186335 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PERRY, MARK A 50 S.E. FOURTH AVENUE DELRAY BEACH, FL 33483 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | State FL Zip Code | |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert J. Scheurer* **2-18-2009**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHEURER, ROBERT 5720 RANCH ROAD LAKE WORTH, FL 33463 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800144077148 02/20/09--01028--006 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SPENCER, HOWARD DR. 4812 SO. LAKE DRIVE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 08-09 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MITCHELL, ARTHUR 9470 S MILITARY TR BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition JC 2/24 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEEKS, LLOYD 4251 OLD BOYNTON DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCNAMARA, LEO 5789 DADE WALK DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Scheurer* **2-18-09** **561-967-2296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #