
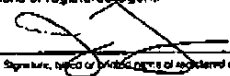
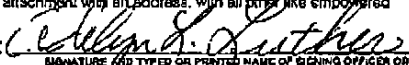


**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

2008 JUN 20 PM 5: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24456			
1. Entity Name THE AGL FOUNDATION, INC.			
Principal Place of Business MARTINIQUE-2, E. TOWER #1102 4000 N. OCEAN DRIVE SINGER ISLAND, FL 33404		Mailing Address MARTINIQUE-2, E. TOWER #1102 4000 N. OCEAN DRIVE SINGER ISLAND, FL 33404	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0098771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City 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 		Name Jeanine Reynolds as its agent 6-20-08	
Signature, typed or printed name of registered agent and title if applicable.		Name of Registered Agent (signature required when reinstating)	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS LUTHER, ADELYN L. 4000 N OCN DR, E TWR 1102 SINGER ISLAND, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Adelyn L. Luther <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3920 - No Ocean Dr, 11B Singer Island Fla 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LUTHER, ADELYN L. 4000 N OCN DR, E TWR 1102 SINGER ISLAND, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3920 - No Ocean Dr, 11B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Singer Island Fla 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GORDON, RICHARD E 1560 LAKESHORE WHITEFISH, MT 59937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 143 Old Morris Trail Whitefish, MT 59937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PASTOR, PATTI E 75 WOODSBAY POINT RD. BIGFORK, MT 59911 <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
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 110, 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 617, 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 employment.			
SIGNATURE: 		6/10/08 406-837-5206 1 month	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

REINSTATEMENT
07-08

FILED

Florida Department of State JUN 20 PM 5:00
 Division of Corporations
 Public Access System
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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 Division of Corporations
 Fax Number : (850) 617-6384

From:
 Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850) 521-1000
 Fax Number : (850) 558-1575

JK6

CORPORATION REINSTATEMENT

THE AGL FOUNDATION, INC.

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