

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2009
Secretary of State

DOCUMENT# N00000003907

Entity Name: ASTORLING SANCTUARY, INC.

Current Principal Place of Business:

4310 NEFF LAKE RD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

PO BOX 82513
TAMPA, FL 336832513

New Mailing Address:

FEI Number: 59-3160448 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:

KRAFT, CINDY
2209 WHITNEY PL
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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: CINDY KRAFT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEMAN, ELIZABETH
Address: 4310 NEFF LAKE RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP () Delete
Name: HARMAN, LOIS
Address: 227 COLLEGE AVE. WEST
City-St-Zip: RUSKIN, FL 33570

Title: S () Delete
Name: WINKELMANN, APRIL
Address: 3141 S EUCLID AV
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: KRAFT, CINDY
Address: 2209 WHITNEY PL
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: SEMAN, ELIZABETH
Address: 4310 NEFF LAKE RD
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: KRAFT, CINDY
Address: 2209 WHITNEY PL
City-St-Zip: VALRICO, FL 33594

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: R (X) Change () Addition
Name: KRAFT, CINDY
Address: 2209 WHITNEY PL
City-St-Zip: VALRICO, FL 33594

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: ELIZABETH SEMAN

Electronic Signature of Signing Officer or Director

PRES

10/27/2009

Date