2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002515

FILED Oct 28, 2008 Secretary of State

Entity Name: AMERICA'S WORKING CLASS FOUNDATION INC

Littly Na	me. AMERICA	43 WORKING CLASS I COIND	ATION INC.		
Current Principal Place of Business:			New Principal Place of Business:		
304 SULT MAITLANI	ANA, LN. D, FL 32751				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
304 SULT MAITLANI	ANA, LN. D, FL 32751				
FEI Number	r: 82-0540113	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
304 SULT	IOHN F JR ANA, LN. D, FL 32751	US			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE: JOHN F.				
		nic Signature of Registered Age		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () GRADY, JOHN 304 SULTANA, MAITLAND, FL	LN.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	JAFFEE, CABC	D CENTER COMMONS	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CONNOR III, R	D CENTER PARKWAY,STE.300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () WOODWARD, 8528 SUNSPRI ORLANDO, FL	TE CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RASCH, ROBE 201 LIVE OAK		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JOHN F. GRADY JR. PRES 10/28/2008