## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000004732

Entity Name: ORANGE COUNTY SERVICES INC.

FILED Feb 15, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	of Business:	
750 SOUTH ORANGE BLOSSOM TRAIL ORLANDO. FL 32805		750 SOUTH ORANGE 204	BLOSSOM TRAIL	
ONLAND	5,11 32003	ORLANDO, FL 32805		
Current M	lailing Address:	New Mailing Address	:	
	RYFORD ROAD	P.O. BOX574995		
C-9 ORLAND(	D, FL 32806	ORLANDO, FL 32857		
	: 22-3900911 FEI Number Applied For ( ) ace with s. 607.193(2)(b), F.S., the corporation did r	FEI Number Not Applicable ( ) not receive the prior notice.	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address of	f New Registered Agent:	
3700 CÚR C-9	ODERICK E I RYFORD ROAD D, FL 32806 US			
	e named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both	
SIGNATU	RE: DEWAYNE INGRAM			
	Electronic Signature of Registered Ag	gent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P ( ) Delete GRIER, RODERICK E I 3700 CURRYFORD ROAD C-9 ORLANDO, FL 32806	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	V () Delete		( ) Change ( ) Addition	
Name: Address:	INGRAM, DEWAYNE 3700 CURRYFORD ROAD C-9	Name: Address:		
City-St-Zip:	ORLANDO, FL 32806	City-St-Zip:		
Title:	C () Delete		( ) Change ( ) Addition	
Name: Address:	INGRAM, CLEVELAND SR 2603 AVE Q	Name: Address:		
City-St-Zip:	FT PIERCE, FL 34950	City-St-Zip:		
Title:	D ( ) Delete		( ) Change ( ) Addition	
Name:	PORTER, STEPHANIE	Name:		
Address: City-St-Zip:	750 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	Address: City-St-Zip:		
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	WASHINGTON, KELVIN	Name:		

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.

Address:

City-St-Zip:

SIGNATURE: DEWAYNE INGRAM	VP	02/15/2007
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750 SOUTH ORANGE BLOSSOM TRAIL

ORLANDO, FL 32805

Address: City-St-Zip: