

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 18, 2007
Secretary of State**

DOCUMENT# N06000000780

Entity Name: THE SPRING FLING, INC.

Current Principal Place of Business:

129 S COMMERCE AVENUE
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

129 S COMMERCE AVENUE
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 20-4462282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

MCCOLLUM, JAMES F
129 S COMMERCE AVENUE
SEBRING, FL 33870 US

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: JAMES F MCCOLLUM

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: ZENGLER, SUNNY K
Address: 129 S COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Delete
Name: HAVLOCK, MILLIE
Address: 129 S COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Delete
Name: MCAFEE, JOANNE
Address: 129 S COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: FOSTER, BARRY
Address: 129 S COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

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: SUNNY ZENGLER

D

10/18/2007

Electronic Signature of Signing Officer or Director

Date