2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002791

FILED Jan 20, 2009 Secretary of State

Entity Name: FLORIDA REPUBLICAN WOMEN'S NETWORK, INC.

Current Principal Place of Business: New Principal Place of Business: 1715 NORTHWEST 12TH ROAD 5020 BAYSHORE BLVD. GAINESVILLE, FL 32605 #401 TAMPA, FL 33611 **Current Mailing Address: New Mailing Address:** 1715 NORTHWEST 12TH ROAD 5020 BAYSHORE BLVD. GAINESVILLE, FL 32605 #401 TAMPA, FL 33611 FEI Number: 90-0046743 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: WARCHOLA, ROBERT R ESQ VOSS, ANNE B P 101 E. KENNEDY BOULEVARD, SUITE 2800 5020 BAYSHORE BLVD. TAMPA, FL 33602 #401 TAMPA, FL 33611 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: ANNE B. VOSS 01/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VOSS, ANNE Name: Name: Address: 5020 BAYSHORE BLVD #401 Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: GORE, LINDA Name: CLARK, DOLORES Address: 5020 BAYSHORE BLVD #401 Address: 8154 NW 11TH ROAD City-St-Zip: TAMPA, FL 33611 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: (X) Change () Addition MULLINESS, CHERYL MULLINGS, CHERYL Name: Name: 10728 AVENIDA SANTA ARIA 10728 AVENIDA SANTA ANA Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: BOCA RATON, FL 33498 Title: () Delete Title: () Change (X) Addition GORE, LINDÀ Name: Name: 610 XANADU PLACE Address: Address: City-St-Zip: City-St-Zip: JUPITER, FL 33477 Title: () Delete Title: () Change (X) Addition CABOT, MARTHA Name: Name: 3535 INDIANA AVE Address: Address: City-St-Zip: City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: () Change (X) Addition VAN DORN, MICHELE Name: Name: Address: Address: 621 DULCIMER LANE FROSTPROOF, FL 33843 City-St-Zip: 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: ANNE B. VOSS P 01/20/2009