

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Oct 10, 2008**  
**Secretary of State**

DOCUMENT# N06000005627

**Entity Name:** JENSEN BEACH GROUP, INC.

**Current Principal Place of Business:**

3769 NE SKYLINE DRIVE  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1062  
JENSEN BEACH, FL 34958

**New Mailing Address:**

3769 NE SKYLINE DRIVE  
JENSEN BEACH, FL 34957

**FEI Number:** 11-7363813      **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:**

CILURSO, MICHAEL  
3769 NE SKYLINE DRIVE  
JENSEN BEACH, FL            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: MICHAEL CILURSO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P            ( ) Delete  
Name: CILURSO, MICHAEL  
Address: 3769 NE SKYLINE DRIVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: ST            ( ) Delete  
Name: BULK, CINDY  
Address: 3655 NE SKYLINE DRIVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: V            ( ) Delete  
Name: HARPER, KATHRYN  
Address: 3351 NE SKYLINE DRIVE  
City-St-Zip: JENSEN BEACH, FL 34957

**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:

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: MICHAEL CILURSO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/10/2008

\_\_\_\_\_  
Date