

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N11932 1. Entity Name THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED		 FILED 09 FEB -2 AM 11: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA  REINSTATEMENT 08-09	
Principal Place of Business P O BOX 572 LECANTO, FL 34460-0572 US		Mailing Address 4525 N. BUFFALO DR. BEVERLY HILLS, FL 34465 US	
2. Principal Place of Business - No P.O. Box # 4575 N. BUFFALO DR Suite, Apt. #, etc.		3. Mailing Address 4575 N. BUFFALO DR Suite, Apt. #, etc.	
City & State BEVERLY HILLS, FL Zip 34465		City & State BEVERLY HILLS, FL Zip 34465	
Country US		Country US	
4. FEI Number 59-2643904		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, DONALD 4525 N. BUFFALO DR. BEVERLY HILLS, FL 34465		7. Name and Address of New Registered Agent Name DONALD BRYANT Street Address (P.O. Box Number is Not Acceptable) 4575 N. BUFFALO DR City BEVERLY HILLS FL Zip Code 34465	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Donald Bryant</i></u> DONALD BRYANT 2-3-09 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME ROGALLA, EDWARD STREET ADDRESS 5740 CALGARY CITY-ST-ZIP INVERNESS, FL 34452	☒ Delete	TITLE CARL MARCHESE NAME 6986 W. BERRIGAN CT. STREET ADDRESS HOMOSASSA, FL 34446 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE V NAME RAPELYE, ARTHUR STREET ADDRESS 100 S LINCOLN AVE CITY-ST-ZIP BEVERLY HILLS, FL 34465	☒ Delete	TITLE ROBERT WAIBEL NAME 3830 N. BRIARBERRY PT STREET ADDRESS BEVERLY HILLS, FL 34465 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE S NAME BRYANT, SAHON STREET ADDRESS 4575 N. BUFFALO DR. CITY-ST-ZIP BEVERLY HILLS, FL 34465	☐ Delete	TITLE 100142831461 NAME 02/04/09--01034--002 **122.50 STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME BRYANT, DONALD STREET ADDRESS 4525 N. BUFFALO DR. CITY-ST-ZIP BEVERLY HILLS, FL 34465	☐ Delete	TITLE JOSEPH CALZARETTA NAME 26 CARNATION CT STREET ADDRESS HOMOSASSA, FL 34446 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D NAME MARCHESE, CARL STREET ADDRESS 6986 W. BERRIGAN CT. CITY-ST-ZIP HOMOSASSA, FL 34446	☒ Delete	TITLE THOMAS M. CORMICK NAME P.O. BOX 1938 STREET ADDRESS HOMOSASSA SPRINGS, FL 34447 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D NAME ROBINSON, ROBERT STREET ADDRESS 5642 S. OAKRIDGE DR. CITY-ST-ZIP HOMOSASSA, FL 34448	☒ Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Donald Bryant</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-3-09 352-522-6828 Date Daytime Phone #	