2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42830

Entity Name: T. QUACKENBOS CRUSADES, INC.

FILED Oct 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3720 OKEE FT PIERCE	CHOBEE RD , FL 34947	US		7906 WEST FT PIERCE	TMONT DR. E, FL 34951	US	
Current Mailing Address:				New Mailing Address:			
3720 OKEECHOBEE RD FT PIERCE, FL 34947 US			7906 WESTMONT DR FT PIERCE, FL 34951		US		
FEI Number:	65-0257331	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate o	f Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
QUACKENBOS, TIMOTHY SR. 7906 WESTMONT DR. FT. PIERCE, FL 34951 US				TIMOTHY, QUACKENBOS - REV. 7906 WESTMONT DR. FT. PIERCE, FL 34951 US			
The above r in the State		ubmits this statement for the pur	pose of	changing its	s registered of	ffice or regis	stered agent, or both,
SIGNATURE: TIMOTHY QUACKENBOS SR.					10/12/2007		
	Electronic	Signature of Registered Agent	İ.			Dat	e
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () EQUACKENBOS, 7906 WESTMON	T DR.		Title: Name: Address: City-St-Zip:	()	Change () A	ddition
Title: Name: Address: City-St-Zip:	DS ()E PARKER, CHRIS 13491 ORANGE FORT PIERCE, F	AVE		Title: Name: Address: City-St-Zip:	()	Change () A	ddition
Title: Name: Address: City-St-Zip:	D () E PARKER, ROY E 13491 ORANGE FORT PIERCE, F	AVE		Title: Name: Address: City-St-Zip:	()	Change () A	ddition
Title: Name: Address: City-St-Zip:	D () C CHASTAIN, GLEN 2605 SENECA AN FT. PIERCE, FL	V		Title: Name: Address: City-St-Zip:	D (X) QUACKENBOS, 349 SW. QUIET PT ST LUCIE, F	WOODS	Addition
Title: Name: Address: City-St-Zip:	D (X) [ALLEN, JOHN A 1550 LAWNWOO FT. PIERCE, FL			Title: Name: Address: City-St-Zip:	()	Change () A	ddition
Title: Name: Address: City-St-Zip:	DT () E BOYD, RUAL A 9413 HORTON R FORT PIERCE, F			Title: Name: Address: City-St-Zip:	()	Change () A	ddition

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: REV. TIMOTHY QUACKENBOS SR PRES 10/12/2007