

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N44721

FILED  
Jul 08, 2011  
Secretary of State

**Entity Name:** KEEP ALACHUA COUNTY BEAUTIFUL, INC.

**Current Principal Place of Business:**

224 NW 2ND AVE  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

224 NW 2ND AVE  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

FEI Number: 59-3078627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MACKENZIE, MARY M  
516 NE 1ST ST  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

MACKENZIE, MARY M  
224 NW 2ND AVE.  
GAINESVILLE, FL 32601 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: MARY MACKENZIE

07/08/2011

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CLINE, FLORENCE  
Address: 12646 NW 46TH AVE.  
City-St-Zip: GAINESVILLE, FL 32606

Title: DV  
Name: SASNETT, GAIL  
Address: 224 NW 2ND AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: DT  
Name: WEHBE, FREDDIE  
Address: 224 NW 2ND AVE.  
City-St-Zip: GAINESVILLE, FL 32601

Title: DS  
Name: MCDONALD, JUSTINE  
Address: 224 NW 2ND AVE.  
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

SIGNATURE: MARY MACKENZIE

E.D.

07/08/2011

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

\_\_\_\_\_  
Date