


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000004388

1. Entity Name
THE BREAKFAST CLUB OF GAINESVILLE, INC.



Principal Place of Business 300 EAST UNIVERSITY AVENUE STE 100 GAINESVILLE, FL 32601	Mailing Address P.O. BOX 357121 GAINESVILLE, FL 32635-7121
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

FILED
05 DEC -6 PM 10: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11222005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3398610	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GLAZER, GLENN
2001 NW 13TH STREET
GAINESVILLE, FL-32609**

7. Name and Address of New Registered Agent

Name **Victor Hazy**
Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 357121 830 NW 13rd ST**
City **Gainesville** FL Zip Code **32635-7121**

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 *Victor Hazy* DATE *11/28/2005*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
TITLE NAME	D GLAZER, GLENN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2001 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE NAME	D ROBERTS, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4141 NW 37TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 326066179	
TITLE NAME	D HAZY, VICTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	830 NW 13 STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE NAME	D ADDIS, SUE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1001 NE 16TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	P Victor Hazy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 357121 Gainesville, FL 32635-7121	
CITY-ST-ZIP		
TITLE NAME	VP Calvin LeClear	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 357121	
CITY-ST-ZIP	Gainesville, FL 32635-7121	
TITLE NAME	Secy Lou Schilling	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 357121	
CITY-ST-ZIP	Gainesville, FL 32635-7121	
TITLE NAME	Tres Amanda Smith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 357121	
CITY-ST-ZIP	Gainesville, FL 32635-7121	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	300061791513	
CITY-ST-ZIP	11/30/05--01039--004 **236.25	
TITLE NAME	REINSTATEMENT 05	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Victor Hazy* DATE: *11/28/2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #