2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008284

Name:

Address:

City-St-Zip:

BRIZAN, MAUREEN

4732 BEACON STREET

ORLANDO, FL 32808

FILED Apr 14, 2006 Secretary of State

Entity Name: HUMMING BIRD CREW, INC **Current Principal Place of Business: New Principal Place of Business:** 5931 WHITE EGRET LANE ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 5931 WHITE EGRET LANE ORLANDO, FL 32818 FEI Number: 20-0249014 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: Name and Address of New Registered Agent: ACCOUNTING AND COMPUTER SERVICES 4130 MAPLEGROVE DRIVE ORLANDO, FL 32818 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: SONIA PRINCE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PRINCE, SONIA Name: Name: Address: 5931 WHITE EGRET LANE Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition CHANDLER, GLORIA Name: Name: Address: 1828 COLUMBINE DRIVE Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition PRINCE, CHRISTIAN Name: Name: 5931 WHITE EGRET LANE Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SONIA PRINCE **PRES** 04/14/2006