

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 13 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062006 REIN-NP CR2E099 (11/05)

4. FEI NUMBER
59-1004598

BOOKING FEE
NO BOOKING

5. Additional Fee Required **\$8.75**

6. Name and Address of Current Registered Agent

JOHNSON, ARTHUR L
12914 SANDBURST LN
HUDSON, FL 34867

7. Name and Address of New Registered Agent

CAROL MILLER

3922 PENS DALE DR.

NEW PORT RICHEY FL 34652

8. The above named entity certifies this statement for the purpose of reorganizing its registered office to the State of Florida. It is further warranted and agreed the obligations of registered agent.

SIGNATURE: *Carol Miller*

10-10-06

NOTE: Registered Agent signature required when amending.

FILE NOW!!! FEE IS \$61.25 ✓
After January 1, 2007, Fee will be \$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

TITLE	D	<input type="checkbox"/> Leave
NAME	FAULKENBERG, VANCE	
STREET ADDRESS	6840 RIVER ROAD	
CITY/ST/ZIP	NEW PORT RICHEY, FL 34652	
TITLE	TRP	<input type="checkbox"/> Leave
NAME	SNELL, FREDERICK J	
STREET ADDRESS	2109 OVERVIEW DR.	
CITY/ST/ZIP	NEW PORT RICHEY, FL 34655	
TITLE	TRVP	<input type="checkbox"/> Leave
NAME	ZUKUNFT, DANA	
STREET ADDRESS	4059 LA PASIDA LN	
CITY/ST/ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Leave
NAME		
STREET ADDRESS		
CITY/ST/ZIP		
TITLE		<input type="checkbox"/> Leave
NAME		
STREET ADDRESS		
CITY/ST/ZIP		
TITLE		<input type="checkbox"/> Leave
NAME		
STREET ADDRESS		
CITY/ST/ZIP		

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Resign
NAME		
STREET ADDRESS		
CITY/ST/ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Resign
NAME		
STREET ADDRESS		
CITY/ST/ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Resign
NAME		
STREET ADDRESS		
CITY/ST/ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Resign
NAME		
STREET ADDRESS		
CITY/ST/ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Resign
NAME		
STREET ADDRESS		
CITY/ST/ZIP		

000080828850
10/13/06--01044--008 **\$61.25

12. I hereby certify that the information furnished with this filing complies with the filing requirements of Chapter 110, Florida Statutes. I further certify that the information provided on this report is accurate and true to the best of my knowledge and belief, and that the same complies with the filing requirements of Chapter 110, Florida Statutes. I am a director of the corporation and I am not a registered agent of the corporation. I am not a registered agent of the corporation. I am not a registered agent of the corporation.

SIGNATURE: *[Signature]*

10/10/06

10/19/06