



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 705724 1. Entity Name TEN NINETY ONE BUILDING, INC.						SEC. OF STATE DIVISION OF CORPORATIONS 06 OCT 30 PM 12:39 REINSTATEMENT <u>06</u>			
Principal Place of Business 4790 DEAUVILLE DRIVE ORLANDO, FL 32808		Mailing Address 4790 DEAUVILLE DRIVE ORLANDO, FL 32808							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		10062006 REIN-NP CR2E099 (11/05)		4. FEI Number 59-6139993		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Zip Country Zip Country	
6. Name and Address of Current Registered Agent COON, DONALD J 6720 MATCHETT RD. ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name PATRICK J FLYNN Street Address (P.O. Box Number is Not Acceptable) 802 MT. VERNON PKWY City ALTAMONTE SPRINGS FL Zip Code 32701					
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 <i>Patrick J. Flynn</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)			DATE 10-17-06		
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOUGLAS, DAVID W 37150 SLICE LN GRAND ISLAND, FL 32735	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MCTON, RAYMOND 2019 TERRY DR. ORLANDO FL 32819			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHELTON, BYRON 431 W CHARLOTTE AVE EUSTIS, FL 32726	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN SHELTON, BYRON			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, GORDON 107 FRANCISCO WAY WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FORD, GORDON			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULBIN, SHANE 704 CRESTWOOD WAY WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300091347173 10/30/06--01049--003 **244.00			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BROWN, JONI 3147 TERRY BROOK DR WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CENTENO MIRAM 575 NORTH BRIDGE DR. ALTAMONTE SPRINGS FL 32714			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, PATRICK 802 MT VERNON PKWY ALTAMONTE SPRINGS, FL 32706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN FLYNN, PATRICK			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patrick J. Flynn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10-17-06			Daytime Phone # 407 7181063		