

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 17 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 705724</b>					
1. Entity Name <b>TEN NINETY ONE BUILDING, INC.</b>					
Principal Place of Business <b>4790 DEAUVILLE DRIVE ORLANDO, FL 32808</b>			Mailing Address <b>4790 DEAUVILLE DRIVE ORLANDO, FL 32808</b>		
2. Principal Place of Business - No P.O. Box # <b>NA</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10092007 REIN-NP CR2E099 (1/07)	
Zip		Country		4. FEI Number <b>59-6139993</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FLYNN, PATRICK J 802 MT. VERNON PARKWAY ALTAMONTE SPRINGS, FL 32701			Name <b>RAYMOND B MOTEN</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2018 TORREY DR</b>		
			City <b>ORLANDO</b> FL Zip Code <b>32818</b>		
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 <b>RAYMOND B Moten - Treasurer</b>				DATE <b>10-13-07</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2008, Fee will be \$297.50			<b>Make check payable to</b> Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTEN, RAYMOND 2018 TORREY DRIVE ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200110873742</b> <b>10/17/07--01011--006 **236.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SHELTON, BYRON 431 W CHARLOTTE AVE EUSTIS, FL 32726	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORD, GORDON 107 FRANCISCO WAY WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTENO, MIRAM 575 NORTHBRIDGE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FLYNN, PATRICK 802 MT VERNON PKWY ALTAMONTE SPRINGS, FL 32706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 employees.					
SIGNATURE: <b>Raymond B Moten</b>				DATE: <b>10-13-07</b> (407) 719-0879	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

(10/18/07)