2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1. Entity Name		#710736 RIENDS' MEETING	S, INC.				071	INR 26 PTITZ: 5	8	`	_
Principal Place 6 8333 SEMINOL SEMINOLE, FL	LE BLVD.,		C/0 134	ng Address NJ IONES HW F O+ TWO-TERR. COFL 32774	 3 <i>P</i> S/	9RD			A11 B1G11 B1G11 A1W		
2. Principal Plan	ce of Busin	ess - No P.O. Box #	3. Ma	iling Address			1				
Suite, Apt. #,	, etc.		Sı	uite, Apt. #, etc.			03182007		099 (1007)	16-01	7
City & State			City & State				4. FEI Number Applied For 51-0175760 Not Applied				WOP
Zip	Zip Country			p	Cou			\$8.75 Add	ditional		
	6. Name	and Address of Current	Register	ed Agent			7. Name and A	Address of New Registered	Agent		
HUBBARD.	IOHN G	ESO				Name					
1059 BROAL DUNEDIN, F	DWAY, S	SUITE B				Street Address (P.O. Box Number is Not Acceptable)					
						City		FL	Zip Cod	le	
8. The above na	amed entity	y submits this statement for	r the purp	oose of changing its re	egister	ed office or reg	istered agent, or both	, in the State of Florida. I am	familiar with,	and accept	
the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE											
FiLE	NOWIII	FEE IS \$297.50						Make chec Fiorida Depa	k payable t		
10.		OFFICERS AND DIE	RECTORS	3	11.		ADDITIONS/CHAI	NGES TO OFFICERS AND D	RECTORS IN	l 10	
	RCD			☐ Delete	mu	ī			Change	☐ Addition	
STREET ADDRESS 1		E, D. ANNE NN RD #211 'L. 33774				E Et address -st-zip		0009599: %/07010390		3 22.50	
I	CD	ro.	•	☐ Delete	TITLE			-	☐ Change	Addition	
STREET ADDRESS 8	DAY, PETER 8200 TARSIER AV NEW PORT RIC, FL 336536559				ET ADDRESS -ST-ZIP						
TITLE 7	TD			☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS 4	:ARGO, F			. h=11		E Et adoress -st-zip					
TITLE NAME	-	TayonSy	sus	255 Delete	TITLE				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		FL:	3<16	684	STRE	ET ADDRESS - ST-ZIP					
TITLE NAME		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE	4			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADORESS ST-ZIP					
TITLE				☐ Delete	TITLE				Change	☐ Addition	
NAME Street adoress City-St-Zip						ET ADDRESS ST-ZIP					
12. I hereby cer indicated or of the corpo	n this repor tration or th	t or supplemental report is	strue and owered to	execute this report a	the ex	emptions cont	the come leads offert a	, Florida Statutes. I further ca as if made under oath; that I ; and that my name appears	am an afficar	or discretor	
SIGNATU	JRE: _	BIGNATURE AND TYPED ON P	PRINTED NA	ME OF SIGNING OFFICER OF	R DIRECT	OR		7/17/87	Daytime Phone #		

و دارو

	A	OFIT CORPO	DRATIO	I so I ne niti	nei Go	Yan	4
OCU Entity Nan LEARW		3, INC.		MU	COS"	Hus	Har.
33 SEMIN	ce of Business NOLE BLVD., # FL 34642	Mailing Address C/O NJ JONES HVV 13404-TW6-TERR. -LARGO, FL 33774	BBARD		Military enter y		uii 11 Jilli
Principal F	Place of Business - No Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182007 REIN	-NP CR	2F (707)	
City & Star	ate	City & State	, , , , , , , , , , , , , , , , , , ,	4. FEI Number 51-0175760		1 1	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of State	us ed 🗆	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Re red Agent	Name	7. Name and A	of New Register	red Agent	
59 BRO	D, JOHN G., ESQ. DADWAY, SUITE B I, FL 33528		Street Addre	ess (P.O. Beautiper is No	t Acceptable)		
NIGBNU	1,1 2 33320						ì
The above the obligat	e named entity submits this statement for tions of registered agent.	fund		istered agent, or both, in the	· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	
The above the obligat	e named entity submits this statement for titions of registered agent.	fund	ts registered office	rstered agent, or both, in the	e State of Florida. I	<u> </u>	and accept
The above the obligation of th	e named entity submits this statement for tions of registered agent. Signature typed or printed name of registered agent. LE NOW!!! FEE IS \$297.50 OFFICERS AND DIFTER TRAINER TO BE ANNE 12121 VONN RD #211	and title if applicable. (I	ts registered office		e State of Florida. I A Make ch Florida De	am familiar with,	and accept
The above the obligation of th	e named entity submits this statement for titions of registered agent. Signature typed or pirited name of registered agent. LE NOW!!! FEE IS \$297.50 OFFICERS AND DIFTER STRATHIE, D. ANNE	and title if applicable.	ts registered office on algorithms in the state of the st	required when reinstating)	e State of Florida. I A Make ch Florida De	am familiar with,	and accept o tate
The above the obligation of th	e named entity submits this statement for tions of registered agent. Signature byted or pirited name of registered agent. LE NOW!!! FEE IS \$297.50 OFFICERS AND DIF RCD STRATHIE, D. ANNE 12121 VONN RD #211 LARGO, FL 33774 CD DAY, PETER 8200 TARSIER AV	and title if applicable. In Delete	11. TITLE NAME STREET ADDRESS STREET ADDRESS	required when reinstating)	e State of Florida. I A Make ch Florida De	am familiar with,	o tate
The above the obligat	e named entity submits this statement for tions of registered agent. Signature byte or piviled name of registered agent. LE NOW!!! FEE IS \$297.50 OFFICERS AND DIF RCD STRATHIE, D. ANNE 12121 VONN RD #211 LARGO, FL 33774 CD DAY, PETER 8200 TARSIER AV NEW PORT RIC, FL 336536559 TD HUBBARD, NYLA JO 13464 DAIG TERR.	and title if applicable. In Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	required when reinstating)	e State of Florida. I A Make ch Florida De	am familiar with, leck payable t partment of S DIRECTORS IN Change	o tate 110 Addition
The above the obligation of the standards of the standard	e named entity submits this statement for tions of registered agent. Signature byte or piviled name of registered agent. LE NOW!!! FEE IS \$297.50 OFFICERS AND DIF RCD STRATHIE, D. ANNE 12121 VONN RD #211 LARGO, FL 33774 CD DAY, PETER 8200 TARSIER AV NEW PORT RIC, FL 336536559 TD HUBBARD, NYLA JO 13464 DAIG TERR.	RECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	required when reinstating)	e State of Florida. I A Make ch Florida De	am familiar with, leck payable t partment of S DIRECTORS IN Change	o tate 110 Addition Addition