

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 26 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222007 REIN-NP CR2E099 (1/07)

4. FEI Number
59-3695644 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, HAROLD
6645 COUNTY ROAD 579 NORTH
SEFFNER, FL 33584

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Harold Watson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, ROXIE SIS	
STREET ADDRESS	11504 BESSIE DIX ROAD	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUED, BILLIE DEA	
STREET ADDRESS	607 HILLPOINT WAY	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, HAROLD DEA	
STREET ADDRESS	6645 CR 579 NO.	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, SHARON SIS	
STREET ADDRESS	1411 BIG OAK COURT	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300109951133	
STREET ADDRESS	09/26/07--01031--004 **236.25	
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard McKnight	
STREET ADDRESS	1936 Hillsborough Ave.	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monica Kirby	
STREET ADDRESS	209 Riddington Pl	
CITY-ST-ZIP	Brandon FL 33510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am empowered.

SIGNATURE: *Harold Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/07

Date

813-626-9080

Daytime Phone #

10/1/07