2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2006
Secretary of State

DOCUMENT# 728175

Entity Name: CENTRAL FLORIDA INTERGROUP SERVICES, INC.

Current Principal Place of Business:

283 LIVE OAKS BLVD.
BUILDING 6
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

283 LIVE OAKS BLVD.
BUILDING 6
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 23-7336025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAVES, ROXANNE M
4700 CRANSTON PLACE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ROXANNE GRAVES

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: GRAVES, ROXANNE M
Address: 4700 CRANSTON PLACE
City-St-Zip: ORLANDO, FL 32812 US

Title: D ( ) Delete
Name: SMITH, TERRI-LYNN
Address: 277 HOUND RUN PLACE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D ( ) Delete
Name: NEAL, LINDA
Address: 7403 REDWING ROAD
City-St-Zip: GROVELAND, FL 34736 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: GRAVES, ROXANNE M
Address: 4700 CRANSTON PLACE
City-St-Zip: ORLANDO, FL 32812 US

Title: P (X) Change ( ) Addition
Name: MCCREA, THOMAS E
Address: 23 OKALPI LANE
City-St-Zip: ORLANDO, FL 32825 US

Title: TR (X) Change ( ) Addition
Name: NEAL, LINDA
Address: 7403 REDWING ROAD
City-St-Zip: GROVELAND, FL 34736 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNE GRAVES T 10/18/2006

Electronic Signature of Signing Officer or Director — Date