

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 728175

FILED
Jan 07, 2010
Secretary of State

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: T
Name: GRAVES, ROXANNE M
Address: 4700 CRANSTON PLACE
City-St-Zip: ORLANDO, FL 32812 US

Title: P
Name: BEHNKEN, MICHAEL
Address: 810 JEFFERSON STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: TR
Name: MULENHAUER, JILL
Address: 851 MILES AVE #26
City-St-Zip: WINTER PARK, FL 32789 US

Title: TR
Name: LUTZ, VICTOR
Address: PO BOX 181171
City-St-Zip: CASSELBERRY, FL 32718

Title: S
Name: HURST, KATHERINE
Address: 3353 PELHAM RD
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: ROXANNE GRAVES

T

01/07/2010

Electronic Signature of Signing Officer or Director

Date