## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT# 735123**

Entity Name: THRESHOLD, INC.

FILED Oct 18, 2004 Secretary of State

Current Pri	ncipal Plac	ce of Business:	New Principal Place	of Business:	
3550 NORT PO BOX 11 GOLDENRO	10	IROD ROAD 33			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3550 NORT PO BOX 11 GOLDENRO	10	IROD ROAD 33			
FEI Number: 5	59-1674609	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WILLARD, TEENA B 4000 N CHICKASAW TRAIL ORLANDO, FL 32817 US  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.					
SIGNATURI		onic Signature of Registered Agent		 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( WRIGHT, FR. 3529 NANCY PLANO, TX 7	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLARD, TE	KASAW TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLARD, M	1BIA ST STE 2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD ( HAURY, DICK 1818 ESPAN ORLANDO, F	OLA DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TERRY, MAR	GE AVE STE 1000	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICKI L. BAUER COO 10/18/2004