

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 15 AM 10:10

REINSTATEMENT 05



12092005 REIN-NP CR2E099 (6/04)

4. FEI Number
22-2187262 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DILLARD, HENRY
4620 28TH CT
VERO BEACH, FL 32960

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 _____
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, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DILLARD, HENRY	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH FL.	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETERSON, MARY	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH FL.	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILLARD, EDWARD JR	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	There is no N DILLARD, SAMANTHA	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MODEST, KARTINA	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DILLARD, HENRY	
STREET ADDRESS	4620 28TH CT	
CITY-ST-ZIP	VERO BEACH, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Correct Spelling Samantha Dillard
STREET ADDRESS	4620 28th Ct
CITY-ST-ZIP	VERO Beach, FL 32967
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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 like empowered.

SIGNATURE: Henry Dillard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 13, 2005
Date Daytime Phone #