2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 755079

Mar 31, 2014 Secretary of State

Entity Name: FLORIDA ALLIANCE OF INFORMATION AND REFERRAL SERVICES, INC. (FLAIRS)

Current Principal Place of Business:

New Principal Place of Business:

AREA AGENCY ON AGING FOR N. FLORIDA 2414 MAHAN DR.- ATTN: KEITH LAVERY-BARCLAY

TALLAHASSEE, FL 32308

250 NE 33RD STREET OAKLAND PARK, FL 33334 US

Current Mailing Address:

New Mailing Address:

2-1-1 BROWARD

AREA AGENCY ON AGING FOR N. FLORIDA 2414 MAHAN DR.- ATTN: KEITH LAVERY-BARCLAY

TALLAHASSEE, FL 32308

2-1-1 BROWARD 250 NE 33RD STREET

OAKLAND PARK, FL 33334 US

FEI Number: 59-2041288

FEI Number Applied For ()

FEI Number Not Applicable ()

SMITH, SHEILA J

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAVERY-BARCLAY, KEITH 2414 MAHAN DRIVÉ

TALLAHASSEE, FL 32308 US 2-1-1 BROWARD 250 NE 33RD STREET

OAKLAND PARK, FL 33334 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.

SIGNATURE: SHEILA J SMITH

03/31/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

SMITH, SHEILA Name: Address: 250 NE 33RD STREET

City-St-Zip: OAKLAND PARK, FL 33334 US

Title: SD

Name: NICKLAUS, RANDY Address: 4482 ARGYLE LANE

City-St-Zip: TALLAHASSEE, FL 32309 US

Title:

WILLIAMS, LORENZO Name: 2450 33RD STREET - GSC Address: City-St-Zip: ORLANDO, FL 32839 US

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: SHEILA J SMITH PD 03/31/2014