

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 APR 11 AM 9:00


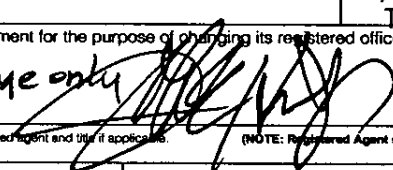
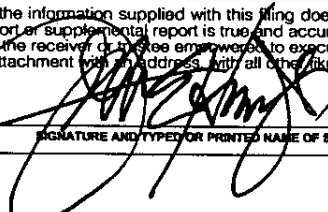
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

05-06 DEC



02072006 REIN-NP CR2E099 (11/05)

<b>DOCUMENT # 762912</b>					
1. Entity Name <b>THE COMMITTEE OF NINETY-NINE OF TALLAHASSEE/LEON COUNTY, INC.</b>					
Principal Place of Business P. O. BOX 13493 TALLAHASSEE, FL 32317			Mailing Address P. O. BOX 13493 TALLAHASSEE, FL 32317		
2. Principal Place of Business P. O. Box 1702 Suite, Apt. #, etc.		3. Mailing Address P. O. Box 1702 Suite, Apt. #, etc.			
City & State <b>Tallahassee</b>		City & State <b>Tallahassee</b>		4. FEI Number <b>59-2202411</b>	
Zip <b>32302</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MADIGAN, TERRELL G</b> <b>305 S GADSDEN ST</b> <b>TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent  Name <b>Madigan, Terrell G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1052 Summerbrooke Drive</b>  City <b>Tallahassee</b> FL Zip Code <b>32312</b>		
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. <i>Address change only</i>					
SIGNATURE 		DATE <b>3/16/06</b>			
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNT, JOHN E JR. 2324 CENTERVILLE ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD 3606 Maclay Blvd. South Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, FRANK 3635 NORTH MERIDAN ROAD TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, MELVIN PO BOX 3636 TALLAHASSEE, FL 32315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100071647741</b> <b>04/24/06--01070--010 **122.50</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADIGAN, TERRELL C 305 S GADSDEN STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. O. Box 10321</b> <b>Tallahassee, FL 32302</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKELTON, BETTY ANN 1100 CARRIAGE RD. TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEDEL, ANNA J 2142 PINK FLAMINGO TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the like empowered.					
SIGNATURE: 		John E. Hunt, Jr.		3/16/06 (850) 521-1840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	