2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#767209

Entity Name: DOVER COWBOYS YOUTH ACTIVITIES, INC.

FILED Nov 05, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

S. GALLAGHER ROAD

2820 N. GALLAGHER ROAD

DOVER EL 23527

DOVER, FL 33527 DOVER, FL 33527

Current Mailing Address: New Mailing Address:

P.O. BOX 733 DOVER, FL 33527

FEI Number: 59-2388052 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: Name and Address of New Registered Agent:

DEMARIA, SHERI

204 GAY RD

SEFFNER, FL 33584 US

MONROE, JACQULYN M

11601 E OLD HILLSBOROUGH AVE

SEFFNER, FL 33584 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.

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SIGNATURE: JACQULYN MONROE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

11/05/2004

Title: PD () Delete Title: () Change () Addition

 Name:
 GREENE, JENNIE
 Name:

 Address:
 1321 DAB RD
 Address:

 City-St-Zip:
 SEFFNER, FL 33584
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: LAMBEIN, LISA Name: MONROE, JACQULYN M

Address: 904 HELENA DR Address: 11601 EAST OLD HILLSBOROUGH AVENUE

City-St-Zip: BRANDON, FL 33511 City-St-Zip: SEFFNER, FL 33511

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 DEMARIA, SHERI
 Name:
 FINNEY, ANGELA M

 Address:
 204 GAY RD
 Address:
 4227 TRUMPWORTH COURT

City-St-Zip: SEFFNER, FL 33584 City-St-Zip: VALRICO, FL 33594

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: JENNIE GREENE PD 11/05/2004