2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000002639

Entity Name: COLECTRIC PARTNERS, INC

FILED Oct 09, 2007 Secretary of State

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Current Principal Place of Business:		New Prince	New Principal Place of Business:	
76 S LAURA ST SUITE 1500 JACKSONVILLE, FL 32202		SUITE 260	301 W. BAY STREET SUITE 2600 JACKSONVILLE, FL 32202	
Current Mailing Address:		New Maili	New Mailing Address:	
76 S LAURA ST SUITE 1500 JACKSONVILLE, FL 32202		SUITE 260	301 W. BAY STREET SUITE 2600 JACKSONVILLE, FL 32202	
In accordan	: 59-3715917	-		
WEINSTE ROGERS 1301 RIVE	IN, IRVIN M ESQ TOWERS BAILEY JONES & GAY IRPLACE BLVD SUITE 1500 IVILLE, FL 32207 US		i i	
	named entity submits this statement for the pure of Florida.	rpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE: IRVIN WEINSTEIN			
	Electronic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	C () Delete DICKENSON, JIM 21 WEST CHURCH STREET JACKSONVILLE, FL 32202	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () Delete WARREN, CLAY 76 S LAURA ST SUITE 1500 JACKSONVILLE, FL 32202	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BROST, MIKE 301 W. BAY STREET JACKSONVILLE, FL 32202	
Title: Name: Address: City-St-Zip:	D () Delete JOHNSTON, ROBERT P 1470 RIVEREDGE PARKWAY, NW ATLANTA, GA 30328	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CARTER, LONNIE 1 RIVERWOOD DR MONCKS CORNER, SC 29461	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	T () Delete LUCAS, JOHN B 76 S LAURA ST SUITE 1500 JACKSONVILLE. FL 32202	Title: Name: Address: Citv-St-Zip:	T (X) Change () Addition LUCAS, JOHN B 301 W. BAY STREET JACKSONVILLE. FL 32202	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN B. LUCAS T 10/09/2007