2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2004
Secretary of State

DOCUMENT# F01000006522

Entity Name: ECOVILLAGE INSTITUTE, INC.

Current Principal Place of Business:

12606 TRILLIUM GLEN LANE
LOVETTSVILLE, VA 20180

New Principal Place of Business:

Current Mailing Address:

12606 TRILLIUM GLEN LANE
LOVETTSVILLE, VA 20180

New Mailing Address:

FEI Number: 52-2051596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

NELSON, JEFFREY S
3909-A NEWBERRY ROAD
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: DATAN, TAMAR
Address: 12933 SLATER ROAD
City-St-Zip: LOVETTSVILLE, VA 20180

Title: C ( ) Delete
Name: BRATZEL, WENDY
Address: 13743 LAKESIDE DRIVE
City-St-Zip: CLARKSVILLE, MD 21704

Title: P ( ) Delete
Name: O'REAR, GRADY
Address: 12606 TRILLIUM GLEN LAKE
City-St-Zip: LOVETTSVILLE, VA 20180

Title: S ( ) Delete
Name: PEABODY, D.
Address: BOX 2550
City-St-Zip: ALEXANDRIA, VA 22301

Title: T ( ) Delete
Name: SUNDERGILL, RON
Address: 1349 BIRDIE DRIVE
City-St-Zip: WINDSOR, CA 95492

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GRADY O'REAR P 11/05/2004

Electronic Signature of Signing Officer or Director — Date