

**2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 15, 2010  
Secretary of State**

DOCUMENT# F95000006182

Entity Name: METANOIA COMMUNITY, INC.

**Current Principal Place of Business:**

349 SHADY OAK CIRCLE  
SAINT AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

349 SHADY OAK CIRCLE  
SAINT AUGUSTINE, FL 32092 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

LINNEHAN, JOHN X  
349 SHADY OAK CIRCLE  
SAINT AUGUSTINE, FL 32092 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: JOHN X LINNEHAN, REGISTERED AGENT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LINNEHAN, MARTINA W  
Address: 349 SHADY OAK CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DSTA  
Name: LINNEHAN, JOHN X  
Address: 349 SHADY OAK CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D  
Name: KUGLER, JUDY  
Address: 4298 COVE WAY  
City-St-Zip: MARIETTA, GA 30067

Title: DVP  
Name: CHAMBERS, DEBBIE  
Address: C/O 349 SHADY OAK CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: JOHN X LINNEHAN

DSTA

02/15/2010

Electronic Signature of Signing Officer or Director

Date