

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000040833

FILED
Oct 28, 2005
Secretary of State

Entity Name: FOUNDATION FOR ENTREPRENEURIAL PROJECTS, LLC

Current Principal Place of Business:

901 34TH AVE. N.
7283
ST. PETERSBURG, FL 33704 US

New Principal Place of Business:

3937 OVERLOOK DR. NE
ST. PETERSBURG, FL 33703 US

Current Mailing Address:

901 34TH AVE. N.
7283
ST. PETERSBURG, FL 33704 US

New Mailing Address:

3937 OVERLOOK DR. NE
ST. PETERSBURG, FL 33703 US

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

Name and Address of Current Registered Agent:

HENNING, F
3937 OVERLOOK DR. NE
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

BOSMAN, VICTORIA
3937 OVERLOOK DR. NE
ST. PETERSBURG, FL 33703 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: VICTORIA BOSMAN

10/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOSMAN, VICTORIA
Address: 901 34TH AVE. N. #7283
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGRM () Delete
Name: ANDERSON, LESLIE
Address: 901 34TH AVE. N. #7283
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGRM () Delete
Name: ROCKWELL, LACI
Address: 901 34TH AVE. N. #7283
City-St-Zip: ST. PETERSBURG, FL 33704 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOSMAN, VICTORIA
Address: 3937 OVERLOOK DR. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM (X) Change () Addition
Name: HENNING, FLORENCE
Address: 3937 OVERLOOK DR. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM (X) Change () Addition
Name: ROCKWELL, LACI
Address: 3937 OVERLOOK DR. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICTORIA BOSMAN

MMGR

10/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date