

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**FILED
Oct 22, 2006
Secretary of State**

DOCUMENT# N00000000652

Entity Name: BOSNIAN CULTURAL CENTER, INC.**Current Principal Place of Business:**11050 PIERCE ARROW COURT
JACKSONVILLE, FL 32246**New Principal Place of Business:**10648 BRIGHTON HILL CIRCLE SOUTH
JACKSONVILLE, FL 32256**Current Mailing Address:**11050 PIERCE ARROW COURT
JACKSONVILLE, FL 32246**New Mailing Address:**10648 BRIGHTON HILL CIRCLE SOUTH
JACKSONVILLE, FL 32256**FEI Number: 59-3619107** **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:**DONLIC, EDI
11050 PIERCE ARROW COURT
JACKSONVILLE, FL 32246 US**Name and Address of New Registered Agent:**KORJENIC, ISMET
10648 BRIGHTON HILL CIRCLE SOUTH
JACKSONVILLE, FL 32256 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: KORJENIC ISMET

10/22/2006

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: D () Delete
Name: DONLIC, EDI
Address: 11050 PIERCE ARROW COURT
City-St-Zip: JACKSONVILLE, FL 32246Title: D (X) Delete
Name: KORJENIC, ISMET
Address: 6427 SALIS DRIVE #417
City-St-Zip: JACKSONVILLE, FL 32216**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: KORJENIC, ISMET
Address: 10648 BRIGHTON HILL CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32256Title: () 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 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: KORJENIC ISMET

D

10/22/2006

Electronic Signature of Signing Officer or Director_____
Date