

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003907

FILED  
Dec 22, 2005  
Secretary of State

Entity Name: ASTORLING SANCTUARY, INC.

## Current Principal Place of Business:

4310 NEFF LAKE RD  
BROOKSVILLE, FL 34601

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 82513  
TAMPA, FL 336832513

## New Mailing Address:

FEI Number: 59-3160448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAFT, CINDY  
2209 WHITNEY PL  
VALRICO, FL 33594 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: CINDY KRAFT

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SEMAN, ELIZABETH  
Address: 4310 NEFF LAKE RD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP ( ) Delete  
Name: WINSCOTT, CINDY  
Address: 508 LAKEVIEW DR  
City-St-Zip: OLDSMAR, FL 34677

Title: S ( ) Delete  
Name: WINKELMANN, APRIL  
Address: 3141 S EUCLID AV  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: KRAFT, CINDY  
Address: 2209 WHITNEY PL  
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete  
Name: SEMAN, ELIZABETH  
Address: 4310 NEFF LAKE RD  
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete  
Name: KRAFT, CINDY  
Address: 2209 WHITNEY PL  
City-St-Zip: VALRICO, FL 33594

## 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:

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: ELIZABETH SEMAN

P

12/22/2005

Electronic Signature of Signing Officer or Director

Date