## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N00000004510

BAGBY, ROBERT

2780 REGISTER ROAD

WINTER HAVEN, FL 33884

Name:

Address:

City-St-Zip:

FILED Nov 16, 2009 Secretary of State

Entity Nan	ne: FLORI	DA BAR B QUE ASSC	CIATION INC.			•	
Current Principal Place of Business:				New Principal Place of Business:			
11161 SAN BOCA RAT							
Current Mailing Address:				New Mailing Address:			
11161 SAN BOCA RAT							
FEI Number: In accordance		FEI Number Applied .193(2)(b), F.S., the corpo		nber Not Appli he prior notice		Certificate of Status Desired	( )
Name and	Address o	f Current Registered	Agent:	Name and	Address o	f New Registered Agent:	
GINSBURG 11161 SAN BOCA RAT The above	IĎYSHELL ON, FL 33	WAY 498 US	ent for the purpose o	f changing it	ts registered	d office or registered agent, or	· both.
in the State	of Florida.	ty cub////to time cutoff	miner and pariposes o		.o , og.o.o.	a cinico en regionere a agent, en	200,
SIGNATUR	RE: RICHA	RD GINSBURG					
	Elect	ronic Signature of Reg	istered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		( ) Delete RICKY DYSHELL WAY DN, FL 33498		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVP RAY, CHUC 7113 HEML OCALA, FL	OCK LOOP		Title: Name: Address: City-St-Zip:	BROD, JIMM	ENGER DRIVE	
Title: Name: Address: City-St-Zip:	DP BEVINGTON 1013 FAIRC OVIEDO, FL	LOTH COURT		Title: Name: Address: City-St-Zip:	BAGBY, ROI 2780 REGIS		
Title:	DS	(X) Delete		Title:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD GINSBURG DT 11/16/2009