



# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000005109</b> 1. Entity Name <b>FRIENDS FROM ABROAD, INC.</b>						<b>FILED</b> <b>04 NOV -1 AM 9:41</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>			
Principal Place of Business <b>971 MICHIGAN AVE</b> <b>NAPLES, FL 34103</b>				Mailing Address <b>PO BOX 7279</b> <b>NAPLES, FL 34101-7279</b>					
2. Principal Place of Business <b>24850 OLD 41 RD</b> Suite, Apt. #, etc. <b>STE. 11</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		10222004 REIN-NP CR2E099 (6/04)					
City & State <b>BONITA SPRINGS FL</b>		City & State		4. FEI Number <b>59-3664640</b>		Applied For <input type="checkbox"/> Not Applicable			
Zip <b>34135</b>		Country		Zip <b>34135</b>		Country			
6. Name and Address of Current Registered Agent <b>BARTON, JERY E</b> <b>971 MICHIGAN AVE</b> <b>NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>NOLEN ROLLINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>24850 OLD 41 RD STE 11</b> City <b>BONITA SPRINGS FL</b> Zip Code <b>34135</b>					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>X Nolen Rollins</u> DATE <u>10/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE <b>D</b> NAME <b>BARTON, JERY E</b> <input type="checkbox"/> Delete STREET ADDRESS <b>11082 TAMAMI TRAIL N SUITE 132</b> CITY-ST-ZIP <b>NAPLES, FL 34110</b>				TITLE <b>D, P</b> NAME <b>7949 HIDDEN HARBOUR DR. E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>HOLLAND OH 43528</b> CITY-ST-ZIP					
TITLE <b>D</b> NAME <b>EVANS, JAMES C</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>971 MICHIGAN AVE</b> CITY-ST-ZIP <b>NAPLES, FL 34103</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <b>D</b> NAME <b>ROLLINS, C. NOLEN</b> <input type="checkbox"/> Delete STREET ADDRESS <b>971 MICHIGAN AVE</b> CITY-ST-ZIP <b>NAPLES, FL 34103</b>				TITLE <b>D, T</b> NAME <b>24850 OLD 41, STE 11</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>BONITA SPRINGS FL 34135</b> CITY-ST-ZIP					
TITLE <b>D</b> NAME <b>SHELFORD, JOHN</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>971 MICHIGAN AVE</b> CITY-ST-ZIP <b>NAPLES, FL 34103</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <b>D</b> NAME <b>WATSON, JOHN C</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>971 MICHIGAN AVE</b> CITY-ST-ZIP <b>NAPLES, FL 34103</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <b>D</b> NAME <b>ROBERT STRICKLAND</b> <input type="checkbox"/> Delete STREET ADDRESS <b>3102 GREEN FARM TRAIL</b> CITY-ST-ZIP <b>DACULA, GA 30211</b>				TITLE <b>D</b> NAME <b>3102 GREEN FARM TRAIL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>DACULA, GA 30211</b> CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u>J. E. Barton</u> <b>JERY E. BARTON</b>				10/20/04 419-306-0100					