2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2009
Secretary of State

DOCUMENT# N00000007746

Entity Name: FLORIDA NORML, INC.

Current Principal Place of Business:

404 SUMMIT RIDGE PLACE #216
LONGWOOD, FL 32779

New Principal Place of Business:

1515 EAST LIVINGSTON STREET
ORLANDO, FL 32803

Current Mailing Address:

404 SUMMIT RIDGE PLACE #216
LONGWOOD, FL 32779

New Mailing Address:

1515 EAST LIVINGSTON STREET
ORLANDO, FL 32803

FEI Number: 59-3750773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WEBB, MARK
404 SIMMIT RIDGE PLACE, #216
LONGWOOD, FL 32779 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: MARK WEBB
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SCOTT, ROGER	
Address:	1515 E. LIVINGSTON STREET	
City-St-Zip:	ORLANDO, FL 32789	
Title:	VD	( ) Delete
Name:	SLIDELL, IV, KEMPER	
Address:	2606 HARGILL DRIVE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	SD	( ) Delete
Name:	BOYER, TIMOTHY	
Address:	4104 W. AZELLE STREET	
City-St-Zip:	TAMPA, FL 32609	
Title:	TD	( ) Delete
Name:	WEBB, MARK	
Address:	404 SUMMIT RIDGE PLACE #216	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	(X) Delete
Name:	BANNISTER, II, LARRY F	
Address:	8241 PELICAN LANDING WAY #308	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	MARTINEAU, JUSTIN	
Address:	4331 WILLOWCREST COURT	
City-St-Zip:	ORLANDO, FL 32826	

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 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: ROGER SCOTT PRES 11/03/2009
Electronic Signature of Signing Officer or Director — Date