

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000760

FILED
Feb 10, 2006
Secretary of State

Entity Name: FLORIDA CHAPTER OF THE AMERICAN LOGISTICS ASSOCIATION, INC.

Current Principal Place of Business:

16803 HAWKRIDGE RD.
LITHIA, FL 33547

New Principal Place of Business:

15944 SORAWATER DRIVE
LITHIA, FL 33547

Current Mailing Address:

16803 HAWKRIDGE RD.
LITHIA, FL 33547

New Mailing Address:

15944 SORAWATER DRIVE
LITHIA, FL 33547

FEI Number: 59-3706558 **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:

EZELL, MIKE
16803 HAWKRIDGE RD.
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

EZELL, MIKE
15944 SORAWATER DRIVE
LITHIA, FL 33547 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: MIKE EZELL

02/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HACK, TOM
Address: 1916 SECLUDED WOODS LANE
City-St-Zip: NEPTUNE BEACH, FL 322661500

Title: ST () Delete
Name: KLAR, SARAH
Address: 19148 BURKE ROAD
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: EZELL, MIKE
Address: 16803 HAWK RIDGE ROAD
City-St-Zip: LITHIA, FL 33547

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ACHEE, KAREN
Address: P.O. BOX 45168
City-St-Zip: TAMPA, FL 33677

Title: T (X) Change () Addition
Name: EZELL, MIKE
Address: SORAWATER DRIVE
City-St-Zip: LITHIA, FL 33547

Title: VP () Change (X) Addition
Name: MASON, BLAKE
Address: 905 BRIDGEWAY BLVD
City-St-Zip: ORLANDO, FL 32828

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: MIKE EZELL

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02/10/2006

Electronic Signature of Signing Officer or Director

Date