

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000001640 1. Entity Name GLADES ARTISANS, INC.						FILED 05 FEB 10 PM 2:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1100 N MAIN ST SUITE 103 BELLE GLADE, FL 33430				Mailing Address 1100 N MAIN ST SUITE 103 BELLE GLADE, FL 33430			
2. Principal Place of Business 225 N. W. AVENUE G				3. Mailing Address 225 N. W. AVENUE G			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State BELLE GLADE, FLORIDA				City & State BELLE GLADE, FLORIDA			
Zip 33430		Country U S A		Zip 33430		Country U S A	
4. FEI Number 61-1402783				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FARRAR, ELIZABETH 1100 N MAIN ST SUITE 103 BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name FARRAR, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 12730 PINEACRE COURT City WELLINGTON FL 33414			
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>Dr. Elizabeth Farrar</u> DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOMO, SILVYA 1108 1/2 WEDGEWORTH RD BELLE GLADE, FL 33430	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS A. ROBERTS, II 601 COVENANT DRIVE BELLE GLADE FLORIDA 33430	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, ANNIEPEARL 601 S.W. 13TH ST BELLE GLADE, FL 33430	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIZABETH "BETSY" FARRAR 12730 PINEACRE COURT WELLINGTON, FLORIDA 33414	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, DAVID 601 S.W. 13TH ST BELLE GLADE, FL 33430	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANE TIERNEY 11 SADDLEBACK ROAD TEQUESTA, FLORIDA 33469	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ADAMS, CHARLES 200 DOROTHY G. WILLFORD CIR. BELLE GLADE, FL 33430	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY SMITH 1740 SOUTHEAST AVENUE K PLACE BELLE GLADE FLORIDA 33430	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOVE, LUCILLE 220 34TH ST WEST PLAN BEACH, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300047581393 03/02/05--01009--013 **306.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLYN, POLICE 200 GLADES DIAMOND BELLE GLADE, FL 33430	☒ Delete	TITLE NAME STREET ADDRESS 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>Thomas A. Roberts, II</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1/18/05 (561) 996-2300 Date Daytime Phone #			