2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000002437

Entity Name: BAOBAB DEVELOPMENT, INC.

FILED Oct 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1715 DIVISION AVE.

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

1715 DIVISION AVE.

WEST PALM BEACH, FL 33407

FEI Number: 65-1096097 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: Name and Address of New Registered Agent:

ROBINSON, LAUREL BURNETT, CHARLOTTE 1715 DIVISION AVE. 1715 DIVISION AVE.

WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 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: CHARLOTTE BURNETT 10/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CT ()Delete Title: ()Change ()Addition

 Name:
 ECHOLS-STARR, THYRA
 Name:

 Address:
 124 S. SEQUOIA
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 City-St-Zip:

Title: VCT () Delete Title: () Change () Addition

 Name:
 FOREMAN, SEYMOUR
 Name:

 Address:
 7280 DEER POINT LANE
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33411
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 ROBINSON, LAUREL
 Name:

 Address:
 1715 DIVISION AVE.
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 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: LAUREL ROBINSON PD 10/28/2008