

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000003301

**FILED**  
**Oct 19, 2004**  
**Secretary of State****Entity Name:** F.A.S.T. & ASSOCIATES, INC.**Current Principal Place of Business:**502 LONG PINE DR.  
TALLAHASSEE, FL 32305**New Principal Place of Business:****Current Mailing Address:**502 LONG PINE DR.  
TALLAHASSEE, FL 32305**New Mailing Address:****FEI Number:** 59-3716986      **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:**AUSTIN, FELICIA C  
502 LONG PINE DR.  
TALLAHASSEE, FL 32310      US**Name and Address of New Registered Agent:**AUSTIN, FELICIA C  
502 LONG PINE DR.  
TALLAHASSEE, FL 32305      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: FELICIA C AUSTIN

10/19/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** CFOD      ( ) Delete  
**Name:** MEDINA, TINA DR.  
**Address:** 2929 METROPOLITAN AVENUE  
**City-St-Zip:** KANSAS CITY, KS 66103**Title:** VD      ( ) Delete  
**Name:** JOHNS, SCHLONDRA C  
**Address:** 311 LOS ALTOS WAY  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714**Title:** COOD      ( ) Delete  
**Name:** LEAVELL, ANTHONY  
**Address:** 3241 WHITNEY DRIVE WEST  
**City-St-Zip:** TALLAHASSEE, FL 32309**Title:** ST      ( ) Delete  
**Name:** AUSTIN, LORENZO L SR.  
**Address:** 502 LONG PINE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32305**Title:** TT      ( ) Delete  
**Name:** SPRINGER, NAKVA D  
**Address:** 508 LONG PINE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32305**Title:** PCEO      ( ) Delete  
**Name:** AUSTIN, FELICIA C  
**Address:** 502 LONG PINE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32305**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:** ST      (X) Change ( ) Addition  
**Name:** CHAIRES, SHANTEL M  
**Address:** 502 LONG PINE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32305**Title:** TT      (X) Change ( ) Addition  
**Name:** SHORTER, HELEN W  
**Address:** 7318 SCYAMORE ROAD  
**City-St-Zip:** QUINCY, FL 32351**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FELICIA C AUSTIN

PCEO

10/19/2004

Electronic Signature of Signing Officer or Director

Date