


2015 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

15 NOV 12 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003401 1. Entity Name CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.	
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Principal Place of Business 5755 CHAIRES CROSS RD. TALLAHASSEE, FL 32311	Mailing Address 5755 CHAIRES CROSS RD. TALLAHASSEE, FL 32311
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



11122015 REIN-NP CR2E099 (12/11)

6. Name and Address of Current Registered Agent HAMMOCK, CASSIE 8137 BUCKLAKE RD. TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name <u>Cassie Hammock</u> Street Address (P.O. Box Number is Not Acceptable) <u>2537 Glover Rd</u> <u>Tallahassee</u> FL Zip Code <u>32305</u>
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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 Cassie Hammock (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2016, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMOCK, CASSIE 8137 BUCKLAKE RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cassie Hammock <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2537 Glover Rd Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVE, CHRISTINE 658 LIBERTY ST., APT. #4 TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Loriz Asifor-Tuoye <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2750 Old St Augustine Rd #R18D Tallahassee, Florida 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, JOSEPH 2616 MISSION RD., APT. #86 TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, FREEMAN JR 392 ROCK ROAD CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000279092170 11/12/15--01030--008 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cassie Hammock 11/12/15 Cassiehammock@gmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS

PA 11/12/15