

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004384

FILED
Nov 24, 2009
Secretary of State

Entity Name: FLORIDA CORVETTE CLUB, INC.

Current Principal Place of Business:

5234 OHIO STREET
ATTN: STEFANIE LABORDE
WINTER PARK, FL 32792

New Principal Place of Business:

1006 TEAGUE CT.
ATTN: CARL M. SMITH
OVIEDO, FL 32765 US

Current Mailing Address:

5234 OHIO STREET
ATTN: STEFANIE LABORDE
WINTER PARK, FL 32792

New Mailing Address:

P. O. BOX 623184
ATTN: DAN PROUTY
OVIEDO, FL 32762

FEI Number: 59-3733704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABORDE, STEFANIE TRES
5234 OHIO STREET
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

SMITH, CARL VP
1006 TEAGUE CT
OVIEDO, FL 32765 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: CARL M. SMITH

11/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JESSING, LISA
Address: 25846 VERO ST
City-St-Zip: SORRENTO, FL 32776

Title: DT () Delete
Name: LABORDE, STEFANIE
Address: 5234 OHIO STREET
City-St-Zip: WINTER PARK, FL 32792

Title: VP () Delete
Name: SIDORCHUK, PATRICK
Address: 367 STILL FOREST TERRACE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: STEVENS, SUSAN
Address: 1428 NOLTON WAY
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIDORCHUK, PATRICK
Address: 367 STILL FOREST TERRACE
City-St-Zip: SANFORD, FL 32771

Title: V (X) Change () Addition
Name: SMITH, CARL
Address: 1006 TEAGUE CT.
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change () Addition
Name: PROUTY, DAN
Address: 3700 CHULUOTA RD.
City-St-Zip: ORLANDO, FL 32820

Title: S (X) Change () Addition
Name: STANLEY, ELAINE
Address: 26133 TROON AVE
City-St-Zip: MT. PLYMOUTH, FL 32776

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: CARL M. SMITH

VP

11/24/2009

Electronic Signature of Signing Officer or Director

Date