2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008375

FILED Nov 28, 2005 Secretary of State

Entity Name: THE WARLOCKS M.C. OF HERNANDO COUNTY, FLORIDA, INC.

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

15465 WISCON RD BROOKSVILLE, FL 34613

Current Mailing Address: New Mailing Address:

15465 WISCON RD 2539 LANDOVER BLVD BROOKSVILLE, FL 34613 SPRINGHILL, FL 34608

FEI Number: 01-0662673 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:

DUPREE, KEVIN

15465 WISCON RD

BROOKSVILLE, FL 34613 US

DECKER, LARRY L

2539 LANDOVER BLVD

SPRINGHILL, FL 34608 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: LARRY DECKER 11/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KUTZ, ANDREW
 Name:
 CLEMENTS, MIKE__

 Address:
 PO BOX 3868
 Address:
 8364 ELDRIDGE RD.

 City-St-Zip:
 SPRING HILL, FL 34611
 City-St-Zip:
 SPRING HILL, FL 34608

Title: DSTD () Delete Title: DSTD (X) Change () Addition Name: DECKER, LARRY DECKER, LARRY

Address: 1093 MARLOW AVE Address: 2539 LANDOVER BLVD.
City-St-Zip: SPRING HILL, FL 34608

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

 Name:
 CLEMENTS, MIKE
 Name:

 Address:
 8364 ELDRIDGE RD.
 Address:

 City-St-Zip:
 SPRING HILL, FL 34608
 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: LARRY DECKER DSTD 11/28/2005