2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2010
Secretary of State

DOCUMENT# N02000000152

Entity Name: AGING SOLUTIONS, INC.

Current Principal Place of Business:

312 W LUTZ LAKE FERN ROAD
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 342065
TAMPA, FL 33694

New Mailing Address:

FEI Number: 04-3587900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: TAMARA CRIBBEN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CRIBBEN, TAMARA
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: DVP
Name: COFFEY, MICHAEL
Address: PO BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D
Name: HALEY, WILLIAM E PH.D
Address: P. O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D
Name: ROGERS, REBA CPA
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D
Name: MURMAN, SANDRA SR
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: STD
Name: WILLIAMS, EARNEST
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

I hereby 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 all other like empowered.

SIGNATURE: TAMARA CRIBBEN PD 09/29/2010

Electronic Signature of Signing Officer or Director — Date