2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -9 PM 12:35

DOCUMENT # N02000001592

1. Entity Name
SPRINGFIELD ARTS AND LIVING, INC.

REINSTATEMENT 05

Principal Place of Business	Mailing Address
1288 RENSSELAER AVE JACKSONVILLE, FL 32205	1288 RENSSELAER AVE JACKSONVILLE, FL 32205

11072005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite/Apt. #, etc.: PO Box 3343	Suite/Apt. #, etc.: PO Box 3343
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32206-0343 Country: USA	Zip: 32206-0343 Country: USA

4. FEI Number 01-0626790 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEGRETTI, ANTONIO F 1288 RENSSELAER AVE JACKSONVILLE, FL 32205	Name: JOHN PAUL SHOCKEY Street Address (P.O. Box Number is Not Acceptable): 1923 N. MARKET ST. City: JACKSONVILLE FL Zip Code: 32206

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: J. Paul JOHN PAUL SHOCKEY (DIRECTOR) 11/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

FILE NOW!!! FEE IS $61.25
After January 1, 2006, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEGRETTI, ANTONIO F 1288 RENSSELAER AVE JACKSONVILLE, FL 32205	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SHOCKEY, JOHN PAUL 1923 N. MARKET ST JACKSONVILLE, FL, 32206	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOCKEY, J. PAUL 1951 MARKET ST JACKSONVILLE, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500061291965 11/09/05--01038--002 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-DIRECTOR SHOCKEY, ALISON TAYLOR 1923 N. MARKET ST. JACKSONVILLE FL 32206	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-DIRECTOR KENNY BROWN 1951 N. MARKET ST. JACKSONVILLE FL 32206	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: J. Paul JOHN PAUL SHOCKEY (DIRECTOR) 11/8/05 (904)613-5997 mb.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)