2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -9 PM 12: 35

REINSTATEMENT 05

DOCUMENT # N02000001592

1. Entity Name
SPRINGFIELD ARTS AND LIVING, INC.

Principal Place of Business
1288 RENSSELAER AVE
JACKSONVILLE, FL 32205

Mailing Address
1288 RENSSELAER AVE
JACKSONVILLE, FL 32205

2. Principal Place of Business
Suite Apt. #, etc. PO Box 3343
City & State JACKSONVILLE, FL
Zip 32206-0343 Country USA

3. Mailing Address
Suite Apt. #, etc. PO Box 3343
City & State JACKSONVILLE, FL
Zip 32206-0343 Country USA

11072005 REIN-NP CR2E099 (6/04)

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
ALLEGRETTI, ANTONIO F
1288 RENSSELAER AVE
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent
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. P. 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

TITLE	D	☑ Delete
NAME	ALLEGRETTI, ANTONIO F	
STREET ADDRESS	1288 RENSSELAER AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	D	☐ Delete
NAME	SHOCKEY, J. PAUL	
STREET ADDRESS	1951 MARKET ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	SHOCKEY, JOHN PAUL	
STREET ADDRESS	1923 N. MARKET ST	
CITY-ST-ZIP	JACKSONVILLE, FL, 32206	
TITLE		☐ Change ☐ Addition
NAME	500061291965	
STREET ADDRESS	11/09/05--01038--002 **61.25	
CITY-ST-ZIP		
TITLE	CO-DIRECTOR	☐ Change ☑ Addition
NAME	SHOCKEY, ALISON TAYLOR	
STREET ADDRESS	1923 N. MARKET ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CO-DIRECTOR	☐ Change ☑ Addition
NAME	KENNY BROWN	
STREET ADDRESS	1951 N. MARKET ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. P. 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 #