

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2005
Secretary of State

DOCUMENT# N02000003559

Entity Name: THE SIRCLE INC.

Current Principal Place of Business:

3895 SE 61ST PL
OCALA, FL 34480

New Principal Place of Business:

6312 SE 41ST COURT
OCALA, FL 34480

Current Mailing Address:

P.O. BOX 6553
OCALA, FL 34478

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

DUNN, KISHA
3895 SE 61ST PL
OCALA, FL 34480 US

Name and Address of New Registered Agent:

WATERS, LUZONIA
13676 NW 52ND COURT ROAD
REDDICK, FL 32686 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: LUZONIA WATERS

10/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUNN, KISHA
Address: 3895 SE 61ST PL
City-St-Zip: Ocala, FL 34480

Title: D () Delete
Name: WATERS, LUZONIA
Address: 1601 NE 25 AVE
City-St-Zip: Ocala, FL 34470

Title: TD () Delete
Name: BRYANT, MONICA
Address: 4285 NW 26TH TERR
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: SAMUEL, LAMONICA
Address: 6312 SE 41ST CT
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATERS, LUZONIA
Address: 13676 NW 52ND COURT ROAD
City-St-Zip: REDDICK, FL 32686

Title: D (X) Change () Addition
Name: SAMUEL, LAMONICA
Address: 6312 SE 41ST COURT
City-St-Zip: Ocala, FL 34470

Title: TD (X) Change () Addition
Name: FORDHAM, PAULA
Address: P.O. BOX 645
City-St-Zip: FT. MCCOY, FL 32134

Title: D (X) Change () Addition
Name: SAMUEL, LAMONICA
Address: 6312 SE 41ST COURT
City-St-Zip: Ocala, FL 34480

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: LUZONIA WATERS

PD

10/21/2005

Electronic Signature of Signing Officer or Director

Date