

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003559

FILED  
Dec 02, 2009  
Secretary of State

Entity Name: THE SIRCLE INC.

## Current Principal Place of Business:

6312 SE 41ST COURT  
OCALA, FL 34480

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 6553  
OCALA, FL 34478

## New Mailing Address:

P.O. BOX 1171  
OCALA, FL 34478

FEI Number: 45-0485652      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:

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

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: FORDHAM, PAULA  
Address: 86 DOGWOOD CIRCLE  
City-St-Zip: Ocala, FL 34472

Title: D      ( ) Delete  
Name: KING-YOUNG, CONNIE  
Address: 3130 SE 5TH STREET  
City-St-Zip: Ocala, FL 34471

Title: TD      ( ) Delete  
Name: JONES, SHATASHA  
Address: 13303 SW 85TH TERRACE  
City-St-Zip: Ocala, FL 34483

Title: D      ( ) Delete  
Name: MAXWELL, SARENCEYA  
Address: 1422 NE 17TH STREET  
City-St-Zip: Ocala, FL 34470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: JONES, SHATASHA  
Address: P O BOX 1533  
City-St-Zip: Ocala, FL 34478

Title: D      (X) Change ( ) Addition  
Name: WISE, CYNTHIA  
Address: 12460 SE 95 TERRACE  
City-St-Zip: Ocala, FL 34220

Title: TD      (X) Change ( ) Addition  
Name: GRAHAM, CYNTHIA  
Address: P O BOX 6752  
City-St-Zip: Ocala, FL 34478

Title: D      (X) Change ( ) Addition  
Name: BROWN, ANGELA  
Address: 14722 SW 22 CT. ROAD  
City-St-Zip: Ocala, FL 34473

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHATASHA JONES

PD

12/02/2009

Electronic Signature of Signing Officer or Director

Date