2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004195

Entity Name: RISEN, INC.

FILED Oct 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O RICK RADFORD C/O MICHAEL BARTOS 3525 MOUNT TABOR ROAD 3212 MT TABOR ROAD LAKELAND, FL 33810 LAKELAND, FL 33810

New Mailing Address: **Current Mailing Address:**

C/O RICK RADFORD C/O MICHAEL BARTOS POST OFFICE BOX 847 POST OFFICE BOX 7520 KATHLEEN, FL 33849 LAKELAND, FL 33807

FEI Number: 01-0711321 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: Name and Address of New Registered Agent:

WORKMAN, MICHAEL E 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801 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: MICHAEL E. WORKMAN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition RADFORD, RICK BARTOS, MICHAEL Name: Name:

POST OFFICE BOX 847 Address: 3212 MT TABOR ROAD Address: City-St-Zip: KATHLEEN, FL 33849 City-St-Zip: LAKELAND, FL 33810

Title: VD () Delete Title: (X) Change () Addition BARTOS, MICHAEL A Name: ANDREWS, TODD A Name: Address:

3216 MOUNT TABOR ROAD Address: 3814 BENSON PARK AVE. City-St-Zip: LAKELAND, FL 33810 City-St-Zip: ORLANDO, FL 32829

Title: () Delete Title: SD (X) Change () Addition

THOMAS, LEE SUITS, JAMES Name: Name: 506 EAST SPARKMAN ROAD Address: Address: P.O. BOX 7520 City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: LAKELAND, FL 33807

Title: TD (X) Delete Title: () Change () Addition

BRACEY, BRIAN Name: 2610 WEST SOCRUM LOOP ROAD Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip:

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: MICHAEL A. BARTOS PD 10/11/2005