## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0300000220  1. Entity Name					FILED			
MICKEE FAUST ALTERNATIVE PERFORMANCE CLUB, INC.					, , , , , , , , , , , , , , , , , , , ,			
1407 S. MERIDIAN STREET 14		Mailing Address 1407 S. MERIDIAN STRE TALLAHASSEE, FL 3230	407 S. MERIDIAN STREET		O7 JAN 16 AM 9: 10  SEUR JARY & JAN 1  TALLAHASSEE, FLORIDA			
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152007 RE	IN-NP C	R2E099 (1/07)	damisi bi fêdi
City & State		City & State			4. FEI Number	_	· · · · · · · · · · · · · · · · · · ·	Applied For
Zip Country		Zip	p Country		33-104391  5. Certificate of Sta		38.75 A	
	6 Name and Address of Current	Peristered Apent		i	7 Name and Add		Fee Requi	red
POTTS, ISABELLE 1407 S. MERIDIAN STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name				
				Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Co	ode
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 Squature, typed or prized name of registered agent and tall of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$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 Jan	
10.	OFFICERS AND DIF	ECTORS	11.	Al	DDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS	IN 10
TIRE	D DOWNAM	☐ Delete	TITLE	 			Change	. Addition
NAME Street address City-St-Zip	NUDD, DONNA M 1402 S. MERIDIAN STREET TALLAHASSEE, FL 32301		NAME STREET ADORESS CITY-ST-ZIP					
TITLE	D	☐ Delete	πιε				☐ Change	e Addition
NAME STREET ADDRESS	POTTS, ISABELLE		NAME ADDRESS		600	008619	4826	,
CITY-ST-ZIP	1407 S. MERIDIAN STREET TALLAHASSEE, FL 32301		STREET ADDRESS CITY - ST - ZIP		600086194826 01/25/0701009023 **122.50			
TITLE NAME	D MILIKOVICH, DONA	☐ Delete	THTLE NAME				Change	e 🔲 Addition
STREET ADORESS	· ·		STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP					
Title Name	D LANG, NANCY	☐ Delete	TITLE NAME		_	ı	☐ Change	Addition
STREET ADDRESS	2529 WILLAMETTE ROAD		STREET ADDRESS		$\left( 1\right) _{-}$	1116	12)	Ì
CITY-ST-ZIP	TALLAHASSEE, FL 32303	☐ Delete	CITY-ST-ZIP		$-\mathcal{O}$	V 100		A series
NAME	BRAENDLIN, BONNIE	☐ Detere	TITLE NAME	87.5	DESTATE		T 76	Addition
STREET ADDRESS CITY-ST-ZIP	2736 LUCERENE DR TALLAHASSEE, FL 32303		STREET ADDRESS CITY-ST-ZIP	(in the s	EDMEN BILLION	Catalogues a	<u>. U</u>	ps.
TITLE	D	☐ Delete	IIITE				☐ Change	: Addition
NAME STREET ADDRESS :	KEMP, YAKINI 2204 BEECH DR		NAME STREET ADDRESS					}
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY+ST-ZIP					j
12. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacknown with an address, with all ther like empowered.								
SIGNATURE: TO TOTAL TOUR TOUR TOUR								
SIGNATURE: SIGNATURE: AND TYPED OR PROPRIED NAME OF STRINGS OF FICE OR QUEETOR Date Date Date Date Date Date Date Date								