## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000001702

FILED Jun 15, 2005 Secretary of State

Entity Name: DON'T BORROW TROUBLE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 730 9TH STREET WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 6900 S. ORANGE BLOSSOM TRAIL 730 9TH STREET SUITE 300 WINTER GARDEN, FL 34787 ORLANDO, FL 32809 FEI Number: 56-2320324 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCREYNOLDS, JILL 730 9TH STREET WINTER GARDEN, FL 34787 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: JILL MCREYNOLDS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete FULMORE, CORA Name: Name: 730 9TH STREET Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: JANUS, GEORGE Name: Address: 730 9TH STREET Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition DOWNS, CONNIE Name: Name: 730 9TH STREET Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: ( ) Delete Title: DS Title: () Change () Addition Name: MCREYNOLDS, JILL Name: Address: 730 9TH STREET Address: City-St-Zip: WINTER GARDEN, FL 34787 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: JILL MCREYNOLDS RA 06/15/2005