2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001836

FILED Sep 15, 2005 Secretary of State

Entity Name: ATHLETES MAKE IT HAPPEN, THE JEFF BLAKE FOUNDATION, INC.

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

3838 CALIFER BEND 1020 OAKDALE STREET WINTER PARK, FL 32792 WINDERMERE, FL 34786

Current Mailing Address: New Mailing Address:

3838 CALIFER BEND P.O. BOX 4477

WINTER PARK, FL 32792 WINTER PARK, FL 327934477

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GASPAROVIC, ANDREW
3838 CALIFER BEND
HAMRICK, ALEX H
1000 LEGION PLACE, SUITE 1700

3838 CALIFER BEND 1000 LEGION PLACE, SUITE 1700 WINTER PARK, FL 32792 US ORLANDO, FL 32801 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: ALEX H. HAMRICK 09/15/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ()Delete Title: DP (X)Change ()Addition

Name: BLAKE, JEFF
Address: 3685 WINDING LAKE CIRCLE

Name: BLAKE, JEFF
Address: 3685 WINDING LAKE CIRCLE

Address: 3685 WINDING LAKE CIRCLE

City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835

Title: D () Delete Title: DV (X) Change () Addition

Name: BLAKE, EMORY Name: BLAKE, EMORY
Address: 3685 WINDING LAKE CIRCLE Address: 3685 WINDING LAKE CIRCLE

City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835

Title: D () Delete Title: DST (X) Change () Addition Name: GASPAROVIC, ANDREW Name: GASPAROVIC, ANDREW

Address: 3838 CALIFER BEND Address: 1020 OAKDALE STREET
City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINDERMERE, FL 343786

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: ANDREW GASPAROVIC DST 09/15/2005