2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002027

FILED Feb 12, 2007 Secretary of State

Entity Name: TREASURE COAST RACING PIGEON CLUB, INC.

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

851 S.E. MONTEREY ROAD STUART, FL 34994

Current Mailing Address: New Mailing Address:

5819 SE WILSIE DR 2271 SW ALMANSA AVE. STUART, FL 34997 PORT ST LUCIE, FL 34953

FEI Number: 20-2026549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

CORRADETTI, B J STEBBINS, ALFRED
5819 SE WILSIE DR 2271 SW ALMANSA AVE
STUART, FL 34997 US PORT ST LUCIE, FL 34953 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: ALFRED STEBBINS 02/12/2007

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

STUART, FL 34994

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

Name: DELVECCHIO, JOSEPH Name:
Address: 851 S.E. MONTEREY ROAD Address:

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

Name: CORRADETTI, B J Name: GILES, CHUCK

 Address:
 5819 S.E. WILSIE DRIVE
 Address:
 1092 NE SANTA CRUZ DRIVE

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 JENSEN BEACH, FL 34957

 $\label{eq:title:SD} \textit{Title:} \qquad \textit{SD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{ST} \qquad \textit{(X)} \; \textit{Change} \; \textit{()} \; \textit{Addition}$

Name:LUBBERTS, NICKName:STEBBINS, ALFREDAddress:2021 S.W. CAMEO BOULEVARDAddress:2271 SW ALMANSA AVECity-St-Zip:PORT ST. LUCIE, FL 34953City-St-Zip:PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFRED STEBBINS ST 02/12/2007