

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 AUG 10 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. Eckel AUG 12 2005



06132005 REIN-NP

CR2E099 (6/04)

0405

4. FEI Number EIN 13-4301530 Applied For  
Not Applicable

5. Certificate of Status Desired XX \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

REYMAN, T. GREGORY II, ESQ  
979 BEACHLAND BLVD  
VERO BEACH, FL 32963

## 7. Name and Address of New Registered Agent

Name Clint S. Malone, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
979 Beachland Boulevard  
City Vero Beach FL Zip Code 32963

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 *Clint S. Malone*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/2005

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHHOLZ, PEGGY 1405 82ND AVENUE #16 VERO BEACH, FL 32966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONN, BOB 31 PLANTATION DRIVE VERO BEACH, FL 32962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BOB 627 TULIP LANE VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATIMER, JOHN A 356 17TH AVENUE VERO BEACH, FL 32962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTER, BUNNIE 10 RIO DE PALMAS FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KULP, WILLIAM Q 2206 16TH AVENUE VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, SCOTT 112 28th COURT VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, RICHARD 2285 4TH PLACE VERO BEACH, FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400058901614 08/23/05--01060--012 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400058901614 08/23/05--01060--013 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400058901614 08/23/05--01060--014 **\$183.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT TURNER CHAIRMAN

Date

Daytime Phone #

7/4/05

772567-0117