2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005910

ORLANDO, FL 32833

City-St-Zip:

FILED Nov 06, 2007 Secretary of State

| Entity Nam | ne: ORLANDO WILDCATS, INC. | | | |
|--|---|---|---|--|
| Current Principal Place of Business: | | New Princ | New Principal Place of Business: | |
| 1640 LEE ROAD WINTER PARK, FL 32789 | | | 5403 CONWAY OAKS COURT ORLANDO, FL 32812 | |
| Current Mailing Address: | | New Maili | New Mailing Address: | |
| 1640 LEE F WINTER P | ROAD ARK, FL 32789 | | WAY OAKS COURT D, FL 32812 | |
| FEI Number: 61-1453475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: | |
| MARTINEZ, HECTOR L CPA 1640 LEE ROAD WINTER PARK, FL 32789 US | | 9957 TRIP | MERRITT, AMBER E 9957 TRIPLE CROWN CIRCLE ORLANDO, FL 32825 US | |
| The above in the State | named entity submits this statement for the purpose of Florida. | of changing i | ts registered office or registered agent, or both, | |
| SIGNATUR | E: AMBER E MERRITT | | 11/06/2007 | |
| | Electronic Signature of Registered Agent | | Date | |
| OFFICERS AND DIRECTORS: | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () Delete WHITE, JIM 2505 ABBEY AVE ORLANDO, FL 32833 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | SD () Delete SCHNEIDER, PATRICK M 3121 CAMBRIA CT. ORLANDO, FL 32825 | Title: Name: Address: City-St-Zip: | SD (X) Change () Addition MERRITT, AMBER E 9957 TRIPLE CROWN CIRCLE ORLANDO, FL 32825 | |
| Title: Name: Address: | T () Delete MACFAWN, CHERRYL 2505 ABBEY AVE | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: AMBER E MERRITT SD 11/06/2007