

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010910

FILED  
Dec 16, 2007  
Secretary of State

**Entity Name:** ALLIANCE FOR CENTRAL FLORIDA SAFETY CORP.

**Current Principal Place of Business:**

P.O. BOX 1405  
GOLDENROD, FL 32733 US

**New Principal Place of Business:**

427 N. PRIMROSE DRIVE  
ORLANDO, FL 32803 US

**Current Mailing Address:**

P.O. BOX 1405  
GOLDENROD, FL 32733 US

**New Mailing Address:**

P.O. BOX 141214  
ORLANDO, FL 32814

**FEI Number:** 54-2134896 **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:**

GALAS, SCOTT  
2810 NANCY STREET  
ORLANDO, FL 32806 US

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

HORNER, LINDA  
9534 HOLBROOK DRIVE  
ORLANDO, FL 32817 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: LINDA S. HORNER

12/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: HORNER, LINDA  
Address: 427 N. PRIMROSE DR.  
City-St-Zip: ORLANDO, FL 32803

Title: CD ( ) Delete  
Name: GLENNON, MARY  
Address: 1621 WEKIVA CROSSING RD  
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete  
Name: GALAS, SCOTT  
Address: 2810 NANCY STREET  
City-St-Zip: ORLANDO, FL 32806

Title: SD (X) Delete  
Name: LAFATA, JANET  
Address: 2780 CYPRESS HEAD TR  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: ESTEP, ROBERT  
Address: 427 N. PRIMROSE DR.  
City-St-Zip: ORLANDO, FL 32803

Title: TD (X) Change ( ) Addition  
Name: HORNER, LINDA  
Address: 9534 HOLBROOK DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change ( ) Addition  
Name: GALAS, SCOTT  
Address: 2810 NANCY STREET  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LINDA S. HORNER

TREA

12/16/2007

Electronic Signature of Signing Officer or Director

Date