


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 25 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |   |
|---|--|---|
| DOCUMENT # N03000011093                 |  |  |
| 1. Entity Name<br>MIRACLE VILLAGE, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>1329 ABRAHAM ST<br>TALLAHASSEE, FL 32304 | Mailing Address<br>1329 ABRAHAM ST<br>TALLAHASSEE, FL 32304 |
|---|---|

|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

10272008 REIN-NP CR2E099 (1/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>16-1692239 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>DIVITO, JOSEPH A<br>C/O DIVITO & HIGHAM, P.A.<br>4514 CEBTRAK AVE<br>ST PETERSBURG, FL 33711 |
|---|

|  |
|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| FILE NOW!!! FEE IS \$236.25<br>After January 1, 2009, Fee will be \$297.50 | Make check payable to<br>Florida Department of State |
|--|--|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>BUCKNER, EDWARD<br>3703 BROPH BLVD<br>COCOA, FL 329264004 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>FORD, SHIRLEY<br>3700 GLEN OAKS MANOR DR<br>SARASOTA, FL 34232 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>FORDHAM, LORI<br>1755 18TH ST<br>SARASOTA, FL 34234 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>FRANKLIN, FREDDIE<br>1329 ABRAHAM ST<br>TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LAMB, EUGENE<br>PO BOX 592<br>MIDWAY, FL 32343 <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SMITH, CLINTON<br>1205 RICHMOND ST<br>TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>100138258221<br>11/25/08--01017--009 **245.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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: U. W. J. H. 10/31/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

u/25an