


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000757 1. Entity Name SUMTER NATIVE AMERICAN FAMILY TRIBE, INC.						FILED 06 NOV -6 PM 2: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 715 BUSHNELL, FL 33513-0715				Mailing Address P.O. BOX 715 BUSHNELL, FL 33513-0715			
2. Principal Place of Business 5904 CR. 551A				3. Mailing Address PO BOX 715			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Bushnell, FL				City & State Bushnell, FL			
Zip 33513		Country SUMTER		Zip 33513		Country Sumter	
4. FEI Number 20-0783382				10122006 REIN-NP CR2E099 (11/05) 06			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HART, DIAN K 1901 E LINDA ST. PLANT CITY, FL 33566				7. Name and Address of New Registered Agent Name IMOGENE HART Street Address (P.O. Box Number is Not Acceptable) 4355 SW. 129th Blvd. City WEBSTER FL Zip Code 33597			
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 IMOGENE HART <i>Imogene Hart</i> October 16-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME OXENDINE, HOWARD W STREET ADDRESS P.O. BOX 715 CITY-ST-ZIP BUSHNELL, FL 33513	<input type="checkbox"/> Delete			TITLE TREASURER NAME IMOGENE HART STREET ADDRESS 4355 SW. 129th Blvd. CITY-ST-ZIP WEBSTER, FL 33597	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME OXENDINE, ESLIE H STREET ADDRESS P.O. BOX 715 CITY-ST-ZIP BUSHNELL, FL 33513	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D NAME HART, DIAN K STREET ADDRESS 1901 E LINDA ST CITY-ST-ZIP PLANT CITY, FL 33566	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D NAME HAYES, MARY LEE STREET ADDRESS 2995 GR 750A CITY-ST-ZIP WEBSTER, FL 33597	<input type="checkbox"/> Delete Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Mr/H			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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 information.

SIGNATURE: *Imogene Hart*
SIGNATURE OF REGISTERED AGENT

IMOGENE HART
DATE

October 16-2006
DAYTIME PHONE #