

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000757						FILED 06 NOV -6 PM 2: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name SUMTER NATIVE AMERICAN FAMILY TRIBE, INC.				Principal Place of Business P.O. BOX 715 BUSHNELL, FL 33513-0715			
2. Principal Place of Business 5904 CR. 551A				3. Mailing Address P.O. BOX 715 BUSHNELL, FL 33513-0715			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10122006 REIN-NP		CR2E099 (11/05) 06	
City & State Bushnell, FL		City & State Bushnell, FL		4. FEI Number 20-0783382		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33513		Country SUMTER		Zip 33513		Country Sumter	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HART, DIAN K 1901 E LINDA ST. PLANT CITY, FL 33566				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 <u>IMOGENE HART, Imogene Hart</u> <u>October 16-2006</u> <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. ADD. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D <input type="checkbox"/> Delete	NAME OXENDINE, HOWARD W			TITLE ADD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TREASURER		
STREET ADDRESS P.O. BOX 715	CITY-ST-ZIP BUSHNELL, FL 33513			NAME IMOGENE HART	STREET ADDRESS 4355 SW. 129th Blvd		
CITY-ST-ZIP BUSHNELL, FL 33513				CITY-ST-ZIP WEBSTER, FL 33597			
TITLE D <input type="checkbox"/> Delete	NAME OXENDINE, ESLIE H			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 700081668057		
STREET ADDRESS P.O. BOX 715	CITY-ST-ZIP BUSHNELL, FL 33513			STREET ADDRESS 11/09/06--01043--014 **70.00	CITY-ST-ZIP		
CITY-ST-ZIP BUSHNELL, FL 33513				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
TITLE D <input type="checkbox"/> Delete	NAME HART, DIAN K			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS 1901 E LINDA ST	CITY-ST-ZIP PLANT CITY, FL 33566			STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP PLANT CITY, FL 33566				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
TITLE D <input type="checkbox"/> Delete	NAME HAYES, MARY LEE			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS 2995 GR 750A	Delete			STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP WEBSTER, FL 33597				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
TITLE <input type="checkbox"/> Delete	NAME <i>[Handwritten]</i>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
TITLE <input type="checkbox"/> Delete	NAME			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
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							
SIGNATURE: <u>Imogene Hart</u>				IMOGENE HART			
				<u>October 16-2006</u>			
<small>SIGNATURE OF REGISTERED AGENT</small>				<small>DATE</small>			