2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001096

FILED Mar 17, 2006 Secretary of State

Entity Name: OLDSMAR JUNIOR CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 1217 2115 SWAN LANE

OLDSMAR, FL 34677 SAFETY HARBOR, FL 34695

Current Mailing Address: New Mailing Address:

PO BOX 1217 2115 SWAN LANE

OLDSMAR, FL 34677 SAFETY HARBOR, FL 34695

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

SANCHEZ, JUAN A ROCKER, CHARLES R JR 6807 PARÁDISE BAY WAY 2115 SWÁN LANE

TAMPA, FL 33615 SAFETY HARBOR, FL 34695 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: TOM KELLER 03/17/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SANCHEZ, JUAN A BLADE, GRETCHEN Name: Name: 6807 PARADISE BAY WAY Address: P.O. BOX 2743 Address:

City-St-Zip: TAMPA, FL 33615 City-St-Zip: TARPON SPRINGS, FL 34688

Title: () Delete Title: (X) Change () Addition

HOLLY, MICHAEL Name: HOLLY, MICHAEL Name:

Address: 5303 REFLECTIONS CLUB DR #206 Address: 5303 REFLECTIONS CLUB DR #206

City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634

Title: () Delete Title: () Change () Addition

NABORS, BECKY Name: Name: 6818 TWELVE OAKS BLVD Address: Address:

City-St-Zip: TAMPA, FL 33634 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: NEFEDOVA, ANA Name: NEFEDOVA, ANA 2625 SR 590 UNIT 2622 Address: Address: 2625 SR 590 UNIT 2622 City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759

Title: Title: () Delete () Change () Addition

SANCHEZ, IDANIA Name: Name: 5303 REFLECTIONS CLUB DR #206 Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

KELLER, TOM Name: Name: Address: Address: 2115 SWAN LANE

SAFETY HARBOR, FL 34695 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM KELLER D 03/17/2006