

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 MAY -5 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

05-06 JSC



04272006 REIN-NP CR2E099 (11/05)

4. FEI Number  
**55-0876491**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

~~SHIELDS, CHRISTOPHER J~~  
~~1833 HENDRY STREET~~  
~~FT. MYERS, FL 33901~~

Name

Street Address

City

## 7. Name and Address of New Registered Agent

**MANAGEMENT SERVICES, INC.**  
**12734 Kenwood Ln., Suite 49**  
**Ft. Myers, FL 33907**

**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

*Don Redding*

4/26/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENSON, STEVE	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	E.S. Meissner	
STREET ADDRESS	10537 Worthington Pkwy #4125	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Walsh	
STREET ADDRESS	10537 Worthington Pkwy #4112	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Trer.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Burg	
STREET ADDRESS	10527 Worthington Pkwy #4015	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	ASA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Redding	
STREET ADDRESS	12734 Kenwood Ln. #49	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**500075219385**  
**05/25/06--01007--011 \*\*122.50**

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:

*Don Redding*

4/26/06

Date

Daytime Phone #