

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001753

FILED  
Aug 29, 2008  
Secretary of State

**Entity Name:** ENTREPRENEURS WITHOUT BOUNDARIES ORG.INC.

**Current Principal Place of Business:**

14453 CALABAY CT  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

14453 CALABAY CT  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GONZALEZ, LINSDEY  
14453 CALABAY CT  
ORLANDO, FL 32837 US

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

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: LINSDEY GONZALEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIRE ( ) Delete  
Name: GONZALEZ, LINSDEY E  
Address: 14453 CALABAY CT.  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIRE (X) Change ( ) Addition  
Name: GONZALEZ, JOSE V  
Address: 14453 CALABAY CT.  
City-St-Zip: ORLANDO, FL 32837

Title: DIRE ( ) Change (X) Addition  
Name: STURGILL, STEPHANIE  
Address: 14453 CALABAY CT.  
City-St-Zip: ORLANDO, FL 32837

Title: PRES ( ) Change (X) Addition  
Name: GONZALEZ, LINSDEY E  
Address: 14453 CALABAY CT.  
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE STURGILL

D

08/29/2008

Electronic Signature of Signing Officer or Director

Date