## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000002206

Entity Name: FLORIDA SEDAN, INC.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jul 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 30 CLARK RD JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** PO BOX 579 30 CLARK RD COCOA, FL 32922 JACKSONVILLE, FL 32218 FFI 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: Name and Address of New Registered Agent: MCMILLAN, RICHARD J ISBELLE, BARRY M 625 TIMUQUANA DR 1408 CHAPEL RIDGE DR. MERRITT ISLAND, FL 32953 US OCOEE, FL 34761 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: BARRY M ISBELLE 07/02/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition NOLAN, THOMAS D Name: Name: 30 CLARK RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NORTON, WAYNE L Name: Name: ISBELLE, BARRY M Address: 11345 HARLAN DR Address: 1408 CHAPEL RIDGE DR. City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: OCOEE, FL 34761 Title: ( ) Delete Title: (X) Change ( ) Addition MCMILLAN, RICHARD J NOLAN, GLYNDA G Name: Name: 625 TIMUQUANA DR 30 CLARK RD Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: JACKSONVILLE, FL 32218

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: BARRY M. ISBELLE V 07/02/2008

( ) Delete

( ) Delete

HANCHER, BRIAN T

OCALA, FL 34471

911 SAN LUIS RD

1926 SE 37TH CT CIR

HUTCHINSON, KENT B

TALLAHASSEE, FL 32304

(X) Change ( ) Addition

(X) Change ( ) Addition

NORTON, WAYNE L

15620 CROAKER RD.

WOLFE, GURDON C

1818 DORIC DR.

JACKSONVILLE, FL 32226

TALLAHASSEE, FL 32303