

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002530

FILED
Jan 22, 2007
Secretary of State

Entity Name: THE ANGELS' ARCH - RECOVERY SOLUTIONS, INC.

Current Principal Place of Business:

2225 AMELIA CIRCLE
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2225 AMELIA CIRCLE
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 20-0863104 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

KOELEMIJ, KEVIN J
2225 AMELIA CIRCLE
TALLAHASSEE, FL 32304 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: KEVIN J. KOELEMIJ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOELEMIJ, KEVIN J
Address: 2225 AMELIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VTD (X) Delete
Name: INGRAM, KAREN R
Address: C/O 2225 AMELIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD () Delete
Name: COMPTON, BRADLEY W
Address: C/O 2225 AMELIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD (X) Delete
Name: PORTER, KAREN
Address: C/O 2225 AMELIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD () Delete
Name: NICHOLAS, SCHUMM DEACON
Address: C/O 2225 AMELIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VSD (X) Delete
Name: LAW, BRETT
Address: C/O 2225 AMELIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: KOELEMIJ, KEVIN J
Address: 2225 AMELIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: NICHOLAS, SCHUMM FATHER
Address: C/O 2225 AMELIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Change () Addition
Name:
Address:
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: KEVIN J. KOELEMIJ

PST

01/22/2007

Electronic Signature of Signing Officer or Director

Date