

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAR -2 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06 RSC



DOCUMENT # N04000004057		
1. Entity Name ST. JOHN'S DADS CLUB, INC.		

Principal Place of Business 2418 SWANN AVE TAMPA, FL 33609	Mailing Address 2418 SWANN AVE TAMPA, FL 33609
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10272005 REIN-NP CR2E099 (6/04)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHIGHAM, DAVID L WILLIAMS, SCHIFINO, MANGIONE & STEADY, PA 201 N. FRANKLIN STREET, SUITE 2600 TAMPA, FL 33602

7. Name and Address of New Registered Agent Name ALAN RUIZ Street Address (P.O. Box Number is Not Acceptable) 3624 W. SANTIAGO ST. City TAMPA FL Zip Code 33629

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME FUNDORA, FRANK STREET ADDRESS 9115 WOODBAY DRIVE CITY-ST-ZIP TAMPA, FL	<input checked="" type="checkbox"/> Delete
TITLE VD NAME WHIGHAM, DAVID L STREET ADDRESS P.O. BOX 380 CITY-ST-ZIP TAMPA, FL 33601	<input checked="" type="checkbox"/> Delete
TITLE SD NAME MCMILLAN, BRIAN STREET ADDRESS 2418 SWANN AVE CITY-ST-ZIP TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete
TITLE TD NAME MCMILLAN, ROBERT STREET ADDRESS 3901 W. BARCELONA STREET CITY-ST-ZIP TAMPA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRESIDENT NAME ALAN A. RUIZ STREET ADDRESS 3624 W. SANTIAGO ST. CITY-ST-ZIP TAMPA, FL 33629	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VICE PRESIDENT NAME DUNCAN MCMILLAN STREET ADDRESS 3901 W. BARCELONA ST. CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SECRETARY NAME JON D. SOLOMON STREET ADDRESS 2904 W. ASQUILLA ST. CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TREASURER NAME DOUGLAS S. MYRBACK STREET ADDRESS 4515 DALE AVE CITY-ST-ZIP TAMPA, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	813 - 2-15-06 220-5787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #