2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2006
Secretary of State

DOCUMENT# N04000005415

Entity Name: TENTMAKERS INTERNATIONAL INC.

Current Principal Place of Business:

4456 TAMIAMI TRAIL B15
CHARLOTTE HARBOR, FL 33980

New Principal Place of Business:

150 E. BAY HEIGHTS
ENGLEWOOD, FL 34223

Current Mailing Address:

4456 TAMIAMI TRAIL B15
CHARLOTTE HARBOR, FL 33980

New Mailing Address:

150 E. BAY HEIGHTS
ENGLEWOOD, FL 34223

FEI Number: 83-0379785 **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: BRUCE R. ANTLE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANTLE, BRUCE R DR
Address: 4456 TAMIAMI TRAIL B15
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: D ( ) Delete
Name: ANTLE, DONALD C
Address: 4456 TAMIAMI TRAIL B15
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: D ( ) Delete
Name: WILLIAMS, CARMEN L
Address: 4456 TAMIAMI TRAIL B15
City-St-Zip: CHARLOTTE HARBOR, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ANTLE, BRUCE R DR
Address: 150 E. BAY HEIGHTS
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change ( ) Addition
Name: ANTLE, DARLENE M
Address: 150 E. BAY HEIGHTS
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change ( ) Addition
Name: WILLIAMS, CARMEN L
Address: 150 E. BAY HEIGHTS
City-St-Zip: ENGLEWOOD, FL 34223

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: DR. BRUCE R. ANTLE PRES 10/12/2006

Electronic Signature of Signing Officer or Director — Date