

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007582

FILED
Dec 02, 2005
Secretary of State

Entity Name: ACCESSIBLE SOLUTIONS AT AVALON PARK, INC.

Current Principal Place of Business:

13001 FOUNDERS SQUARE DR
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

13001 FOUNDERS SQUARE DR
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 86-1113333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAKACH, KIM
1441 PON PON CT
ORLANDO, FL 32825 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: KIM TAKACH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MARINI, DONNA
Address: 661 HIGHLAND DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32792

Title: T () Delete
Name: TAKACH, KIM
Address: 1441 PON PON CT
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: FREED, MITCHELL DR.
Address: 13001 FOUNDERS SQUARE DR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: DELILA, THOM
Address: 13001 FOUNDERS SQUARE DR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: BENNETT, JOANN
Address: 13001 FOUNDERS SQUARE DR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: STRAWSER, JIM
Address: 13001 FOUNDERS SQUARE DR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: DONNA MARINI

V

12/02/2005

Electronic Signature of Signing Officer or Director

Date