2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007587

City-St-Zip:

FILED Dec 03, 2007 Secretary of State

Entity Name: THE LAOS MOVEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 5250 HUNTER BLVD NAPLES, FL 34116 **Current Mailing Address: New Mailing Address:** 5250 HUNTER BLVD NAPLES, FL 34116 FEI Number: 05-0610979 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: THORPE, GERALD 5250 HUNTER BLVD NAPLES, FL 34116 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: GERALD THORPE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete THORPE, GERALD Name: Name: Address: 5250 HUNTER BLVD Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HENRY, WALTER Name: Address: 694 STERLING PLACE Address: City-St-Zip: BROOKLYN, NY 11216 City-St-Zip: Title: () Delete Title: () Change () Addition THORNE, MARLON Name: Name: 8414 MARY MOUNT DR Address: Address: City-St-Zip: WINDSOR MILLS, MD 21244 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HENRY, WALTER Name: Address: 694 STERLING PLACE Address: City-St-Zip: BROOKLYN, NY 11216 City-St-Zip: Title: Title: () Delete () Change (X) Addition DONALD, CURTIS B Name: Name: 1890 OAKES BLVD. Address: Address:

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.

City-St-Zip:

NAPLES, FL 34119

SIGNATURE: GERALD THORPE С 12/03/2007