


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008880	
1. Entity Name INFRAGARD JACKSONVILLE MEMBERS ALLIANCE, INC.	

Principal Place of Business 7820 ARLINGTON EXPRESSWAY SUITE 200 JACKSONVILLE, FL 32211	Mailing Address 7820 ARLINGTON EXPRESSWAY SUITE 200 JACKSONVILLE, FL 32211
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED  
07 OCT 11 AM 10:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent GISPANSKI, KAREN 7820 ARLINGTON EXPRESSWAY SUITE 200 JACKSONVILLE, FL 32211	7. Name and Address of New Registered Agent Name: Mark Vance Street Address (P.O. Box Number is Not Acceptable): 7820 Arlington Expressway Suite 200 City: Jacksonville FL Zip Code: 32211
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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: Mark Vance *Mark Vance* DATE: October 1, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GISPANSKI, KAREN 7820 ARLINGTON EXPRESSWAY, SUITE 200 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Vance 7820 Arlington Expressway, Suite 200 Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORMANDY, DENNIS 7820 ARLINGTON EXPRESSWAY SUITE 200 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Jones 7820 Arlington Expressway, Suite 200 Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARDEN, BARBARA 7820 ARLINGTON EXPRESSWAY, SUITE 200 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Gispanski 7820 Arlington Expressway, Suite 200 Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDEN, BARBARA 7820 ARLINGTON EXPRESSWAY, SUITE 200 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John J. Trindles 7820 Arlington Expressway, Suite 200 Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Comm/Technology James Jardine 7820 Arlington Expressway, Suite 200 Jacksonville, FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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: Mark Vance *Mark Vance* DATE: October 1, 2007 (904) 553-1618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR