

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009191

FILED
Sep 14, 2007
Secretary of State

Entity Name: INFRAGARD ORLANDO MEMBERS ALLIANCE, INC.

Current Principal Place of Business:

500 ZACK STREET
SUITE 610
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

500 ZACK STREET
SUITE 610
TAMPA, FL 33602 US

New Mailing Address:

14685 KRISTENRIGHT LN
ORLANDO, FL 32826 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

BRACKET, RICHARD
2125 SANDY HOOK
LAKELAND, FL 33813 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: RICHARD BRACKETT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEARING, MICHAEL
Address: 4000 CENTRAL FLORIDA BLVD, MH 341
City-St-Zip: ORLANDO, FL 32816 US

Title: TD () Delete
Name: BRACKET, RICHARD
Address: 2125 SANDY HOOK
City-St-Zip: LAKELAND, FL 33813 US

Title: SD () Delete
Name: GARCIA, LOU
Address: 633 NO. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328022833 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEARING, MICHAEL
Address: 14685 KRISTENRIGHT LN
City-St-Zip: ORLANDO, FL 32826 US

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 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: MICHAEL M. DEARING

PD

09/14/2007

Electronic Signature of Signing Officer or Director

Date