
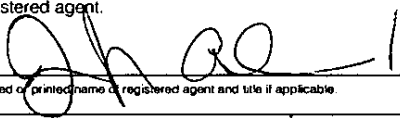
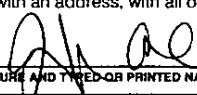


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009799 1. Entity Name JIM MORRIS FAN CLUB INC.						FILED 06 MAY 22 PM 4: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05-06 1	
Principal Place of Business 4060 KEY LARGO LANE PUNTA GORDA, FL 33955				Mailing Address 4060 KEY LARGO LANE PUNTA GORDA, FL 33955			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRELL, KATHLEEN C 225 NW 39TH AVE CAPE CORAL, FL 33993				7. Name and Address of New Registered Agent Name Jennifer Alexion Street Address (P.O. Box Number is Not Acceptable) 1821 Lagoon Lane City Cape Coral FL Zip Code 33914			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 12/15/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALEXION, JENNIFER 4402 SW SANTA BARBARA PLACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100076253861 06/16/06--01015--022 **122.50		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAMNER, CHERYL 3300 A SUNSET KEY CIRCLE PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HANN, MARLENE 1541 SUZI ST. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORRELL, KATHLEEN C 225 NW 39TH AVE. CAPE CORAL, FL 33993 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Pat McPherson 4820 Linkside Drive Punta Gorda, FL 33955 <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		
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 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 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: 				Date 12/15/05 Daytime Phone # (239) 848-8443			