

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001952

FILED
Nov 08, 2007
Secretary of State

Entity Name: PLATINUM RYDERS, INC

Current Principal Place of Business:

4440 SW ARCHER ROAD
1826
GAINESVILLE, FL 32608 US

New Principal Place of Business:

733 COUNTY ROAD 242 A
LAKE CITY, FL 32025 US

Current Mailing Address:

4440 SW ARCHER ROAD
1826
GAINESVILLE, FL 32608 US

New Mailing Address:

733 SW COUNTY ROAD 242A
LAKE CITY, FL 32025 US

FEI Number: 20-2376090 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:

THOMAS, FRANCINA L
4440 SW ARCHER ROAD
1826
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

WATSON, TERRI L
733 SW COUNTY ROAD 242A
LAKE CITY, FL 32025 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: TERRI WATSON

11/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATSON, TERRI L
Address: 733 SW COUNTY ROAD 242A
City-St-Zip: LAKE CITY, FL 32025

Title: VP () Delete
Name: KELLY, MICHAEL
Address: 733 SW COUNTY ROAD 242A
City-St-Zip: LAKE CITY, FL 32025

Title: SEC (X) Delete
Name: THOMAS, FRANCINA
Address: 4440 SW ARCHER ROAD #1826
City-St-Zip: GAINESVILLE, FL 32608

Title: TREA (X) Delete
Name: THOMAS, FRANCINA
Address: 4440 SW ARCHER ROAD #1826
City-St-Zip: GAINESVILLE, FL 32608

Title: SA () Delete
Name: ROSSIN, SHEILA
Address: 733 SW COUNTY ROAD 242A
City-St-Zip: LAKE CITY, FL 32025

Title: RC () Delete
Name: BOWDEN, KIMBERLY
Address: 733 SW COUNTY ROAD 242A
City-St-Zip: LAKE CITY, FL 32025

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
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: TERRI WATSON

PRES

11/08/2007

Electronic Signature of Signing Officer or Director

Date