

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000002425

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA QUETTES, INC.

**Current Principal Place of Business:**

812 SWEETWATER CLUB BLVD  
LONGWOOD, FL 32791 US

**New Principal Place of Business:**

812 SWEETWATER CLUB BLVD  
812 SWEETWATER CLUB BLVD  
LONGWOOD, FL 32791 US

**Current Mailing Address:**

P.O. 915115  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 74-3141142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILL, MILDRED  
104 OLYMPUS DRIVE  
OCOE, FL 34761 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:** DR. FLORENCE ALEXANDER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** HILL, MILDRED  
**Address:** 104 OLYMPUS DRIVE  
**City-St-Zip:** OCOE, FL 34761

**Title:** TR  
**Name:** CHARLESTON, NICOLETTE MS.  
**Address:** 4314 WYNDCLIFF CR  
**City-St-Zip:** ORLANDO, FL 32817

**Title:** MEM  
**Name:** COLES, MARIAN MS.  
**Address:** P.O. BOX 1165  
**City-St-Zip:** APOKA, FL 32704

I hereby 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 all other like empowered.

**SIGNATURE:** DR. FLORENCE ALEXANDER

RA

10/08/2013

Electronic Signature of Signing Officer or Director

Date