

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|  |   |         |  |   |   |   |  |
|--|---|---------|--|---|---|---|--|
| <b>DOCUMENT # N05000003877</b><br>1. Entity Name<br><b>CENTRAL CITY FRONT PORCH FLORIDA, INC.</b>  |   |         |  |   |   | <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">06 OCT 26 AM 8:28</div> <div style="font-size: 0.8em;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div> |  |
| Principal Place of Business<br><b>875-C MARY MCLEOD BETHUNE BLVD.<br/>P.O. BOX 11252<br/>DAYTONA BEACH, FL 32114</b>   |   |         |  | Mailing Address<br><b>875-C MARY MCLEOD BETHUNE BLVD.<br/>P.O. BOX 11252<br/>DAYTONA BEACH, FL 32114</b>  |   |   |  |
| 2. Principal Place of Business   |   |         |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   |         |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   |         |  | City & State  |   |   |  |
| Zip  |   | Country |  | Zip   |   | Country   |  |
| <b>8. Name and Address of Current Registered Agent</b><br><br><b>MOBLEY, FRANCIS<br/>740 S. RIDGEWOOD AVE.<br/>DAYTONA BEACH, FL 32114</b>   |   |         |  | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |         |  |   |   |   |  |
| 4. FEI Number <b>10162006 REIN-NP CR2E099 (11/05)</b>  |   |         |  |   |   |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |         |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$61.25</b><br><b>After January 1, 2007, Fee will be \$122.50</b>  |   |         |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |   | Make check payable to<br><b>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |         |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DC</b><br><b>MOBLEY, FRANCIS</b> <input type="checkbox"/> Delete<br><b>740 S. RIDGEWOOD AVE.</b><br><b>DAYTONA BEACH, FL 32114</b> |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="font-size: 1.5em; font-weight: bold;">400081256154</div> <div style="font-size: 0.8em;">10/26/06--01043--009 **61.25</div> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DT</b> <input type="checkbox"/> Delete<br><b>JACKSON, ANGELA</b><br><b>19 STARLING DRIVE</b><br><b>DAYTONA BEACH, FL 32114</b>     |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>JONES, DIMETRA</b><br><b>445 LOCKHART STREET</b><br><b>DAYTONA BEACH, FL 32114</b>     |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>ITANI, MARIAM</b><br><b>1301 WOODBINE STREET</b><br><b>DAYTONA BEACH, FL 32114</b>     |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DS</b> <input type="checkbox"/> Delete<br><b>HAWKINS, SANDRA</b><br><b>1216 MARDRAKE DRIVE</b><br><b>DAYTONA BEACH, FL 32114</b>   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>HEDENGREN, DAVID</b><br><b>990 ORANGE AVE.</b><br><b>DAYTONA BEACH, FL 32114</b>       |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |         |  |   |   |   |  |
| <b>SIGNATURE:</b>  |   |         |  | Date <b>10/16/06</b> Daytime Phone # <b>(386) 248-0260</b>  |   |   |  |