

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 APR -2 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004518



1. Entity Name
EXECUTIVE SINGLES, INC.

Principal Place of Business
**C/O SUSAN A. ROE, LOWNDES DROSDICK
215 N. EOLA DRIVE
ORLANDO, FL 32801**

Mailing Address
**C/O SUSAN A. ROE, LOWNDES DROSDICK
215 N. EOLA DRIVE
ORLANDO, FL 32801**

2. Principal Place of Business - No P.O. Box #

Jack Black

3. Mailing Address

5975 Sheryl Anita Street

Suite, Apt. #, etc.

5975 Sheryl Anita Street

Suite, Apt. #, etc.



11-02-06 61029 014 \$244.00
01292007 REIN-NP CR2E099 (1/07) **06-07**

City & State
Oviedo, Florida

City & State
Oviedo, Florida

4. FEI Number
14-2326076

Applied For
 Not Applicable

Zip
32765

Country
Seminole

Zip
32765

Country
Seminole

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROE, SUSAN A.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Kent Foyes**
Street Address (P.O. Box Number is Not Acceptable)
604-unit C, Georgetown Drive
City **Casselberry** FL Zip Code **32707**

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/07
DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
P	Susan A Roe	215 North Eola Drive	Orlando, Florida 32801	<input checked="" type="checkbox"/>
✓	- 0 -			<input type="checkbox"/>
S	- 0 -			<input type="checkbox"/>
T	- 0 -			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
P	Kent Foyes	604-unit C, Georgetown Drive	Casselberry, FL. 32707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Peggy Murray	6950 Sylvan Woods	Sanford, Florida 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Marion Mac Pherson	2507 Duke Drive	Orlando, FL. 32810	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Jack Black	5975 Sheryl Anita Street	Oviedo, Florida 32765	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07 (407) 415-3817
Date Daytime Phone #

4/4/07