## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000005762

Entity Name: INSPIRATIONAL BLESSINGS INC.

FILED Sep 07, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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6317 CHANTRY STREET 902 NE 20TH STREET ORLANDO, FL 32835 BELLE GLADE, FL 33430

Current Mailing Address: New Mailing Address:

PO BOX 680583 PO BOX 1341

ORLANDO, FL 32868 BELLE GLADE, FL 33430

FEI Number: 82-0571850 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

FULLER, RACHEL
6317 CHANTRY STREET
ORLANDO, FL 32835 US

FULLER, RACHEL
652 SW 4TH STREET APT #1
BELLE GLADE, FL 33430 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: RACHEL FULLER 09/07/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 FULLER, CHESTER
 Name:
 FULLER, CHESTER

 Address:
 P O BOX 680583
 Address:
 902 NE 20TH STREET

 City-St-Zip:
 ORLANDO, FL 32868
 City-St-Zip:
 BELLE GLADE, FL 33430

Title: V () Delete Title: V (X) Change () Addition Name: FULLER, MEGAN Name: FULLER, MEGAN

 Address:
 P O BOX 680583
 Address:
 P.O.BOX 1341

 City-St-Zip:
 ORLANDO, FL 32868
 City-St-Zip:
 BELLE GLADE, FL 33430

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: FULLER, RACHEL Name: FULLER, RACHEL

 Address:
 P O BOX 680583
 Address:
 652 SW 4TH STREET APT #1

 City-St-Zip:
 ORLANDO, FL 32868
 City-St-Zip:
 BELLE GLADE, FL 33430

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DIXON, FRANCINE
 Name:

 Address:
 8701-57 OLDE COLONY TRAIL
 Address:

 City-St-Zip:
 KNOXVILLE, TN 37923
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 COLEMAN, CHERYL
 Name:
 SMITH, CLYTIMAS

 Address:
 3641 MANDALAY CT
 Address:
 1249 VAUGHN CIRCLE

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 BELLE GLADE, FL 33430

Title: S () Delete Title: S (X) Change () Addition

 Name:
 ROBERSON, KIM
 Name:
 HAROLD, SANDRA

 Address:
 5344 LONG ROAD APT
 Address:
 641 SW 7TH STREET

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 BELLE GLADE, FL 33430

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: RACHEL FULLER D 09/07/2009