## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Zip Country Zip Country Zip Country S. Certificate of Status Desired Agent T. Name and Address of New Registered Agent MILLIAMS. DAVID Control of Registered agent Street Address (P.O. Box Number is Not Acceptable)  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 terretur with, and act the obligations of registered agent.  SIGNATURE Street Address (P.O. Box Number is Not Acceptable)  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 terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent, or both, in the State of Florida. I am terretur with, and act the obligations of registered agent.  III and the obligations of registered agent.  III and the obligations of		REINSTA	TEMENT					
NORTH AMERICAN RUSSIAN COMMUNICATION  SSCCIATION, INC  Principal Place of Business  CS 259, P0 90X 3091  BOCA RATION, FL 33431  2. Principal Place of Business  Sulte, Apr #, etc.  City & State  Country  Zp  Country  Zp  Country  Zp  Country  Sulte, Apr #, etc.  City & State  Country  Sulte, Apr #, etc.  City & State  Country  Zp  Country  Sulte, Apr #, etc.  Cou						•	•	
FLORIDA ATLANTIC UNIVERSITY 777 GLADES RO BOCA RATON, FL 33431  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & Stat	NORTH AMERICAN RUSSIAN COMMUNICATION				0	0810.150 c:21		
Suite, Apt. 8, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certification of Status Desired  State Address of Current Registered Agent  Name  File North File State  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  FL	FLORIDA ATLANTIC UNIVERSITY C 777 GLADES RD E		GCS 259; PO BOX 3091		1 120 2010 011 001 0010	81111 83111 88111 88111 88111 88	B Birli <b>estes illig S</b> imi <b>s</b> ; si essi	
City & State  Country  Country  Country  S. Certificate of Status Desired  S8.75 Additional Fee Required Fee Requi	2. Principal Place of Business		3. Mailing Address					1
Signature    Country   Signature   Signatu	Suite, Apt. #, etc.				1		17/05)	_
S. Certificate of Sialus Desired   Face Required	City & State				4. FEI Number 30-3640	6152	Applied For Not Applicat	ble
Name   Name   Street Address (P.O. Box Number is Not Acceptable)   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Ad	Zip		·	Country			Fee Required	
WILLIAMS, DAVID C FLORIDA ATLANTIC UNIVERSITY 777 GLADES RD BOCA RATON, FL 33431  City FL Zip Code  5. 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 act the obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$61.25  After January 1, 2007, Fee will be \$122.50  In accordance with s, 607.193(2)(b), F.S., the Corporation of not receive the prior notice.  10. OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  III. D MAKE CHOCK, FL 33445  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  III. DP		6. Name and Address of Current R	egistered Agent	Nama	7. Name and Add	ress of New Registere	ed Agent	
### CIADES RD BOCA RATON, FL 33431    City								
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 act the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOWIII FEE IS \$61.25  After January 1, 2007, Fee will be \$122.50  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Make check payable to Florida Department of State  10. OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INVEL AMARE  WILLIAMS, DAVID  SIRETADRESS  ORY-ST-2P  TITLE  DP  MATYASH, OLGA  MATYASH, OLGA  MATYASH, OLGA  III. D  MAYEN ADDRESS  ORY-ST-2P  III. D  Delete  III. SIRETADRESS  ORY-ST-2P  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  SIRETADRESS  ORY-ST-2P  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  III. ADDITIONS/	777 GLADES RD							
SIGNATURE    SIGNATURE   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signa				City		F	Zíp Code	$\neg$
After January 1, 2007, Fee will be \$122.50  CORPORATION CORPORATION CORPORATION OF ICE With Prior notice.  TITLE  D OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Delete  NAME WILLIAMS, DAVID NAME SIREET ADDRESS CITY-ST-ZIP  DELRAY BEACH, FL 33445  CITY-ST-ZIP  DELRAY BEACH, FL 33445  CITY-ST-ZIP  TITLE  DP MAYASH, OLGA ONE WEST 26TH STREET INDIANAPOLIS, IN 46208  TITLE NAME BEEBES#, STEVEN SIREET ADDRESS CITY-ST-ZIP  TITLE  DAMA MARCOS, FL  TITLE  DOUG, MARILYN SIREET ADDRESS CITY-ST-ZIP  TOTAL  Delete TITLE  DOUG, MARILYN SIREET ADDRESS CITY-ST-ZIP  TALLAHASSEE, FL 323037329  TITLE  D Delete TOTAL TOT	the obligations of registered agent.  SIGNATURE Waw G William 11-13-06  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
TITLE	After Jar	nuary 1, 2007, Fee will be \$122.50	corporation	corporation did not receive the prior		Florida Dej	partment of State	
NAME   STREET ADDRESS   CITY-ST-ZIP   DELETA DORESS   CITY-ST-ZIP   CITY-ST-ZIP   DELETA DORESS   CITY-ST-ZIP   CITY-ST-ZIP   DELETA DORESS   CITY-ST-ZIP   CITY-ST-ZIP   DELETA DORESS   CITY-ST-ZIP		<del></del>			ADDITIONS/CHANGI	ES TO OFFICERS AND	·	_
NAME MATYASH, OLGA ONE WEST 26TH STREET CITY-ST-ZIP INDIANAPOLIS, IN 46208  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE D D Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  ITILE D NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE, FL 323037329  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE, FL 323037329  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE, FL 323037329  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE Change A Change	NAME STREET ADDRESS	WILLIAMS, DAVID 14959 WHATLEY RD	∟ Delete	NAME Street Address	100 11/20/0	0081957 60106100	Change	ion
NAME STREET ADDRESS CITY-ST-ZIP SAN MARCOS, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TOUNG, MARILYN STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323037329  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 327037329  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 327037329  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change A Change	NAME STREET ADDRESS	MATYASH, OLGA ONE WEST 26TH STREET	☐ Delete	NAME STREET ADDRESS			☐ Change ☐ Addit	ion .
NAME	NAME STREET ADDRESS	TEXAS STATE UNIVERSITY	☐ Delete	NAME STREET ADDRESS	Beebe, Stev	'en	Change 🔲 Audii	ion
NAME         HAZEN, MICHAEL         NAME           STREET ADDRESS         BOX 7347 REYNOLDA STATION         STREET ADDRESS           CITY-ST-ZIP         WINSTON-SALEM, NC 271097329         CITY-ST-ZIP           TITLE         D         □ Delete         TITLE	NAME STREET ADDRESS	YOUNG, MARILYN 1913 SAGEWAY DRIVE	☐ Delete	NAME Street Address			☐ Change ☐ Addit	ion
	NAME STREET ADDRESS	HAZEN, MICHAEL BOX 7347 REYNOLDA STATION		NAME STREET ADDRESS			☐ Change ☐ Addit	ion .
NAME CARBAUGH, DONAL NAME STREET ADDRESS CITY-ST-ZIP AMHERST, MA 01003 CITY-ST-ZIP	NAME STREET ADDRESS	CARBAUGH, DONAL UNIVERSITY OF MASSACHUSET		NAME STREET ADDRESS			☐ Change ☐ Addit	tion
12. I hereby certify that the information supplied with this filling 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 dire 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  11-13-06  SGI 297 004.	indicated of the col changed	on this report or supplemental report is to reporation or the receiver or trustee empore, or on an attachment with an address, we	true and accurate and that revered to execute this report ith all other like empowered	ny signature shall ha as required by Chap	ve the same legal effect as oter 617, Florida Statutes; an	if made under oath; tha nd that my name appea	it I am an officer or directo irs in Block 10 or Block 11	or     if