2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011683

Entity Name: CHOSEN GENERATION, INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4827 CRAWFORDVILLE RD. 4235 WOODVILLE HWY TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305

Current Mailing Address: New Mailing Address:

4827 CRAWFORDVILLE RD. 4235 WOODVILLE HWY TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305

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

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:

LOVETT, BETTYE
4000 BUSTER RD.
4235 WOODVILLE HWY
TALLAHASSEE, FL 32305 US
TALLAHASSEE, FL 32305 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: BETTYE LOVETT 03/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 LOVETT, BETTYE
 Name:
 LOVETT, BETTYE

 Address:
 4000 BUSTER RD.
 Address:
 4235 WOODVILLE HWY

Address: 4000 BUSTER RD. Address: 4235 WOODVILLE HWY

City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip: TALLAHASSEE, FL 32305

Title: SD () Delete Title: SD (X) Change () Addition Name: WILLIAM, ANGEL Name: TIMMONS, MERDIS

 Address:
 704 B POINTE CT.
 Address:
 4062 MORGAN ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32305

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

Name:TIMMONS, MERDISName:BUTLER, MÄRIAAddress:704 B POINTE CT.Address:4007 BUSTER ROADCity-St-Zip:TALLAHASSEE, FL 32308City-St-Zip:TALLAHASSEE, FL 32305

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: BETTYE LOVETT PD 03/09/2009