2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 28, 2006
Secretary of State

DOCUMENT# N05000011796

Entity Name: SARASOTA QUAD RIDERS ASSOCIATION, INC.

Current Principal Place of Business:

5853 S. MIAMI ROAD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

5853 S. MIAMI ROAD
VENICE, FL 34293

New Mailing Address:

FEI Number: 20-3687285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

FRONCKOWIAK, AMANDA
5853 S. MIAMI ROAD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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: AMANDA FRONCKOWIAK
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRONCKOWIAK, AMANDA
Address: 5853 S. MIAMI ROAD
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: FRONCKOWIAK, JOSH
Address: 5853 S. MIAMI ROAD
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: VIS, BRIAN
Address: 1675 KEYWAY ROAD, W.
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AMANDA FRONCKOWIAK D 11/28/2006
Electronic Signature of Signing Officer or Director — Date