

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05120 1. Entity Name RATTLER SPECIAL EDITION CLUB, INCORPORATED					
Principal Place of Business SMITTY'S RANCH BANNERMAN ROAD TALLAHASSEE, FL 32301 US				Mailing Address 4449 Westover Drive 4449 Westover Drive Tallahassee, FL 32303	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 REINSTATEMENT 12/30/08 12/30/09 (1/07) 08	
6. Name and Address of Current Registered Agent HOLLIDAY, OLA BELL 801 GOLFVIEW DRIVE TALLAHASSEE, FL 32304 Annette Pompey 4449 Westover Drive Tallahassee, FL 32303				7. Name and Address of New Registered Agent Name: Annette Pompey Street Address (P.O. Box Number is Not Applicable): 4449 Westover Drive City: Tallahassee, FL Zip Code: 32303	
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: <i>Annette Pompey</i> 12/30/08 -- 01039 -- 004 **236.50 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: December 24, 2008					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D HOLLIDAY, OLA BELL 801 GOLFVIEW DRIVE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE	Annette Pompey D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4449 Westover Drive Tallahassee, FL 32303	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MADDOX, JR, SANFORD 1423 CALIFORNIA STREET TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE	Willie Harris P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition North Monroe Street Tallahassee, FL 32303	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ROSS, INELL P.O. BOX 902 HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE	Rossie Taylor D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3419 Blue Jay Drive Tallahassee, FL 32305	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D CHAMBERS, NEHEMIAH 716 PRESTON ST. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE	Nehemiah Chambers D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 716 Preston Street Tallahassee, FL 32303	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D JOHNSON, SAMUEL 1308 BRANCH ST. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE	Samuel Johnson D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1308 Branch Street Tallahassee, FL 32308	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	CD FORD, ESTELLA 1321 KITT ST. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE	Estella Ford D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1321 Kitt Street Tallahassee, FL 32308	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Annette Pompey</i> December 24, 2008 850-566-7851 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					