2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000277

Entity Name: RACHMANINOV SOCIETY, INC.

Oct 12, 2009 Secretary of State

2512 NANCY ST ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

P.O. BOX 568112 P O BOX 381 CHRISTMAS, FL 32709 ORLANDO, FL 32856

FEI Number: 20-4073965 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: Name and Address of New Registered Agent:

BACHA, CAROL 2512 NÁNCY ST

ORLANDO, FL 32806 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: CAROL BACHA

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Change () Addition () Delete

BACHA, CAROL Name: Name: 2512 NANCY ST Address: Address: City-St-Zip: ORLANDO, FL 32806 US City-St-Zip:

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

Name: KING, SHERYL Name: KING, SHERYL

Address: C/O 3001 CURRY FORD RD. Address: C/O 2512 NANCY STREET City-St-Zip: ORLANDO, FL 32806 US City-St-Zip: ORLANDO, FL 32806 US

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

SMOOT, MELISSA Name: RICHARD, KENDALL Name: C/O 2512 NANCY ST Address: Address: P.O. BOX 634

City-St-Zip: ORLANDO, FL 32806 City-St-Zip: STRATFORD, CT 06615 US

SD () Delete Title: SD

Title: (X) Change () Addition Name: VON HILSHEIMER, GEORGE Name: HENDERSEN, LINDA

125 S SWOOPE AVE - # 109 Address: Address: P.O. BOX 920572 City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: EL PASO, TX 79902 US

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

HENDERSEN, LINDA MELISSA, SMOOT Name: Name: P.O. BOX 920572 C/O 2512 NANCY STREET Address: Address: EL PASO, TX 79902 US City-St-Zip: City-St-Zip: ORLANDO,, FL 32806

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: CAROL BACHA **PRES** 10/12/2009