2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003094

FILED Nov 06, 2008 Secretary of State

Entity Name: NORTH CENTRAL FLORIDA CHAPTER OF NIGP, INC.

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

ALACHUA COUNTY ADMINISTRATIVE SERVICES 3RD FLOOR, 12 SE 1ST STREET GAINESVILLE, FL 326016893

Current Mailing Address:

ALACHUA COUNTY ADMINISTRATIVE SERVICES 3RD FLOOR, 12 SE 1ST STREET GAINESVILLE, FL 326016893

FEI Number: 20-4542338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

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:

KIGHT, DARRYL REHMAN, SHAAD ALACHUA COUNTY ADMINISTRATIVE SERVICES REHMAN, SHAAD 1615 NE 16TH PL

3RD FLOOR, 12 SE 1ST STREET GAINESVILLE, FL 32609 US

GAINESVILLE, FL 326016893 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: SHAAD REHMAN 11/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 REHMAN, SHAAD
 Name:
 JANE, HURLEY

 Address:
 PO BOX 490, STATION 16
 Address:
 2100 NE 30TH AVENUE

 City-St-Zip:
 GAINESVILLE, FL 326020490
 City-St-Zip:
 OCALA, FL 34470 US

Title: DVP () Delete Title: VPTD (X) Change () Addition Name: GREEN, BETTY Name: HAWIANE, TIDWELL

Address: PO BOX 454 Address: 521 SE 26TH COURT City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: OCALA, FL 34471 US

Name:KIGHT, DARRYLName:SHAAD, REHMANAddress:3RD FLOOR, 12 SE 1ST STREETAddress:1615 NE 16TH PL

City-St-Zip: GAINESVILLE, FL 326016893 City-St-Zip: GAINESVILLE, FL 32609 US

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

 Name:
 GAUTHIER, DANA
 Name:
 MIKE, ZIMMERMAN

 Address:
 102 ELMORE HALL, RADIO ROAD
 Address:
 2100 NE 30TH AVENUE

City-St-Zip: GAINESVILLE, FL 32611 City-St-Zip: OCALA, FL 34470 US

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

 Name:
 HURLEY, JANE
 Name:
 CHRISTY, WINTERS

 Address:
 2100 NE 30TH AVENUE
 Address:
 PO BOX 1467

City-St-Zip: OCALA, FL 34470 City-St-Zip: GAINESVILLE, FL 32602 US

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

 Name:
 Name:
 LUCY, ANKEN

 Address:
 Address:
 224 SE 24TH ST

City-St-Zip: City-St-Zip: GAINESVILLE, FL 32641 US

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: SHAAD REHMAN T 11/06/2008