

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAR 14 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02282008 REIN-NP CR2E099 (1/07)

4. FEI Number ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, ERIKA P
2341 CENTER STREET,
SANFORD, FL 32771

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Erika Martin*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/8/08
DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME MARTIN, ERIKA P
STREET ADDRESS 2341 CENTER STREET
CITY-ST-ZIP SANFORD, FL 32771 ☐ Delete

TITLE T
NAME Vyunda Bradshaw
STREET ADDRESS 802 Big Buck Circle
CITY-ST-ZIP Winter Springs, FL 32708 ☐ Change ☒ Addition

TITLE S
NAME BRADLEY, YVONNE
STREET ADDRESS 359 HICKORY SPRING PLACE
CITY-ST-ZIP DEBARY, FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS 700120329377
CITY-ST-ZIP 03/14/08--01013--002 **122.50 ☐ Change ☐ Addition

TITLE T
NAME JOHNSON, ELIZABETH
STREET ADDRESS 3000 E. 20TH STREET
CITY-ST-ZIP SANFORD, FL 32771 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **REINSTATEMENT** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 07-08 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/08
Date

Daytime Phone #

3/8/12

To whom it may concern,
I did not receive the first or second
notice for 2007. I'm asking to have the
penalty wave for 2007 and 2008. I'm also
in closing \$122.50 for reinstatement.
Thank you for taking care of this matter.

P. Martin