

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000005899 1. Entity Name POW-MIA SARASOTA CHAPTER, INC.			
Principal Place of Business 8745 ALAM AVE. NORTHPORT, FL 34287		Mailing Address 8745 ALAM AVE. NORTHPORT, FL 34287	
2. Principal Place of Business - No P.O. Box # 3149 Bee Ridge Rd. Suite, Apt. #, etc. Apt. 23 City & State Sarasota, FL Zip 34239 Country Sarasota		3. Mailing Address P.O. Box 50786 Suite, Apt. #, etc. City & State Sarasota, FL Zip 34232 Country Sarasota	
4. FEI Number 20-4974502		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ANTONIO, FRANK P 8745 ALAM AVE. NORTHPORT, FL 34287		7. Name and Address of New Registered Agent Name Frank P. D'Antonio Street Address (P.O. Box Number is Not Acceptable) 3149 Bee Ridge Road Apt 23 City Sarasota FL Zip Code 34239	
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 <u>Frank P. D'Antonio</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>10/8/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME D'ANTONIO, FRANK P STREET ADDRESS 8745 ALAM AVE. CITY-ST-ZIP SARASOTA, FL 34287	<input type="checkbox"/> Delete	TITLE President NAME Frank P. D'Antonio STREET ADDRESS 3149 Bee Ridge Road Apt 23 CITY-ST-ZIP Sarasota, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MEDINA, FREDERICO STREET ADDRESS 1510 60TH DRIVE E. CITY-ST-ZIP BRADENTON, FL 34033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 100110743811 CITY-ST-ZIP 10/12/07--01065--002 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME D'ANTONIO, CARA M STREET ADDRESS 8745 ALAM AVE. CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE Sec. NAME Cara M. D'Antonio STREET ADDRESS 3149 Bee Ridge Road Apt 23 CITY-ST-ZIP Sarasota, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.			
SIGNATURE: <u>Frank P. D'Antonio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>10/8/07</u> <small>Daytime Phone #</small>	

REINSTATEMENT 2007