
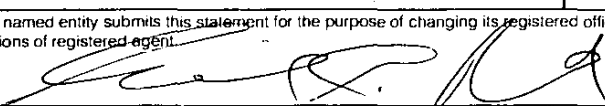
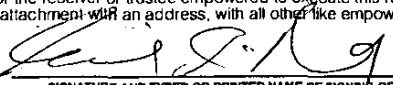


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 23 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---------------------------------|---------|---|---|---------|
| DOCUMENT # N06000009494 | | | |  | |
| 1. Entity Name CORNWALL COLLEGE OLD BOY'S ASSOCIATION OF CENTRAL FLORIDA, INC. | | | | | |
| Principal Place of Business 13905 BRUCE B. DOWNS BLVD., SUITE B TAMPA, FL 33613 | | | Mailing Address 13905 BRUCE B. DOWNS BLVD., SUITE B TAMPA, FL 33613 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent MORRISON, THOMAS K MORRISON & MILLS, P.A. 1200 W. PLATT ST, SUITE 100 TAMPA, FL 33606 | | | 7. Name and Address of Now Registered Agent Name Cecil C. Aird, M.D. Street Address (P.O. Box Number is Not Acceptable) 13905 Bruce B. Downs Blvd., Ste. B City Tampa FL Zip Code 33613 | | |
| 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  Signature, typed or printed name of registered agent and title if applicable. | | | | 10/12/07 DATE | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2008, 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 NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition | |
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| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Cecil C. Aird, M.D. 10/12/07 813-978-9494 Date Daytime Phone # | |

10/25/07