

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# N06000010145

Entity Name: FIVE AND TWO SOLUTIONS GROUP, INC.

Current Principal Place of Business:

2101 COLEWOOD LN
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

2101 COLEWOOD LN
DOVER, FL 33527

New Mailing Address:

FEI Number: 43-2107953 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:

NAPOLEON, BERTHONY
2101 COLEWOOD LN
DOVER, FL 33527 US

Name and Address of New Registered Agent:

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: BERTHONY NAPOLEON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TYRONE, MANER
Address: 13301 WATERFORD RUN DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: BOBBY, HAMILTON
Address: P.O. BOX 6866
City-St-Zip: TAMPA, FL 33608

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NAPOLEON, AVA M SEC
Address: 2101 COLEWOOD LANE
City-St-Zip: DOVER, FL 33527

Title: D (X) Change () Addition
Name: FORT, DEREK VICE
Address: 933 MILANO CIRCLE APT 203
City-St-Zip: BRANDON, FL 33511

Title: D () Change (X) Addition
Name: MANER, MACHELLE TREASUR
Address: P.O BOX 282
City-St-Zip: VALRICO, FL 33595

Title: D () Change (X) Addition
Name: CARLTON, TISH COMM
Address: 10634 SHADY RESERVE DR.
City-St-Zip: RIVERVIEW, FL 33579

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: BERTHONY NAPOLEON

Electronic Signature of Signing Officer or Director

CHAI

10/09/2009

Date