2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 24, 2008
Secretary of State

DOCUMENT# N06000010695

Entity Name: CENTRAL FLORIDA MOTOR OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

3578 MONUMENT DRIVE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

3578 MONUMENT DRIVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 20-5852197 **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:

MAXWELL, WILLIAM C JR.
3578 MONUMENT DR.
DELTONA, FL 32738 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: WILLIAM C. MAXWELL JR.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LADOCZKY, P. ROBERT
Address: P.O. BOX 520249
City-St-Zip: LONGWOOD, FL 32752

Title: VP ( ) Delete
Name: BARRETT, WILLIAM R
Address: 205 S. DEERWOOD AVE.
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete
Name: MAXWELL, WILLIAM C JR
Address: 3578 MONUMENT DR.
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete
Name: BARABAS, MICHAEL J
Address: 300 CRANOR AVE.
City-St-Zip: DELAND, FL 32720

Title: SA ( ) Delete
Name: NAPIER, JEFF
Address: 207 RAMBLEWOOD DR.
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM C. MAXWELL JR. S 10/24/2008
Electronic Signature of Signing Officer or Director — Date