

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000000456

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** COMMUNITY LEADERSHIP INSTITUTE, INC.

**Current Principal Place of Business:**

927 S. GOLDWYN AVENUE  
SUITE 213  
ORLANDO, FL 32805

**New Principal Place of Business:**

445 DOUGLAS AVENUE  
SUITE 2005-17  
ORLANDO, FL 32714

**Current Mailing Address:**

927 S. GOLDWYN AVENUE  
SUITE 213  
ORLANDO, FL 32805

**New Mailing Address:**

445 DOUGLAS AVENUE  
SUITE 2005-17  
ORLANDO, FL 32714

**FEI Number:** 20-8946079      **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:**

LEGRAND, FRANTZ P  
927 S. GOLDWYN AVENUE  
SUITE 213  
ORLANDO, FL 32805 US

**Name and Address of New Registered Agent:**

LEGRAND, FRANTZ P  
3182 TALA LOOP  
LONGWOOD, FL 32779 US

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: FRANTZ P. LEGRAND

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEGRAND, FRANTZ P  
Address: 927 S. GOLDWYN AVENUE  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEGRAND, FRANTZ P  
Address: 445 DOUGLAS AVENUE  
City-St-Zip: ORLANDO, FL 32714 US

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: FRANTZ P. LEGRAND

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date