

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000002458

FILED
Aug 02, 2009
Secretary of State

Entity Name: POINCIANNA YOUTH ALL STARS, INC.

Current Principal Place of Business:

104 BLACKPOOL WAY
KISSIMMEE, FL 34758 US

New Principal Place of Business:

Current Mailing Address:

104 BLACKPOOL WAY
KISSIMMEE, FL 34758 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

DUIGNAN, TREVOR
375 DOUGLAS AVE
1007
ALTAMONTE SPRINGS, FL 32714 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: ANDRE MARSHALL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARSHALL, ANDRE
Address: 104 BLACKPOOL WAY
City-St-Zip: KISSIMMEE, FL 34758 US

Title: D () Delete
Name: DENIS, ANTONIO
Address: 104 BLACKPOOL WAY
City-St-Zip: KISSIMMEE, FL 34758 US

Title: D () Delete
Name: POLLOCK-JOHNSON, AMY
Address: 1047 BLACKPOOL WAY
City-St-Zip: KISSIMMEE, FL 34758 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MARSHALL, ASHTON
Address: 104 BLACKPOOL WAY
City-St-Zip: KISSIMMEE, FL 34758 US

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: ANDRE MARSHALL

Electronic Signature of Signing Officer or Director

DIR

08/02/2009

Date