

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR 20 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102008 REIN-NP CR2E099 (1/07)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLORUNNIPA, ZACCH
2882 ROYAL OAKS DR
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent
Ellen H. Melton
Street Address (P.O. Box Number is Not Acceptable)
8126 SW 13th Road
City Gainesville FL Zip Code 32607

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] DATE Dec 29, 2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OLORUNNIPA, ZACCH	
STREET ADDRESS	2882 ROYAL OAKS DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	P	<input type="checkbox"/> Delete
NAME	OGUNSINA, DAPO	
STREET ADDRESS	7354 LAWN TENNIS LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLENE, MELTON	
STREET ADDRESS	8126 SW 13 ROAD	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAYE, DEBRA	
STREET ADDRESS	908 NW 6TH AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	T	<input type="checkbox"/> Delete
NAME	OSOBIA, HELEN	
STREET ADDRESS	1901 NW 2ND STREET, APT L-5	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] DATE Dec 29, 2008 283-2650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

m 2/23