

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000007628

**FILED**  
**Nov 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

13330 NORTH BRANCH RD  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

13330 NORTH BRANCH RD  
SARASOTA, FL 34240

**New Mailing Address:**

3553 CHIPPENHAM DR.  
BIRMINGHAM, AL 35242

**FEI Number:** 26-1566366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBBINS, LOYD M  
2404 ADAGIO WAY  
SARASOTA, FL 34231 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:** LOYD ROBBINS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROBBINS, LOYD  
**Address:** 2404 ADAGIO WAY  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** SEC  
**Name:** GASSEL, GARY  
**Address:** 13330 NORTH BRANCH RD  
**City-St-Zip:** SARASOTA, FL 34240

**Title:** TRES  
**Name:** HOHMEIER, TOM  
**Address:** 1861 STERLING HEIGHTS CT  
**City-St-Zip:** ANTIOCH, IL 60002

I hereby 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 all other like empowered.

**SIGNATURE:** LOYD ROBBINS

PRES

11/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date