

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000007738

Entity Name: AFASHEE THEATRE, INC.

FILED
Nov 07, 2008
Secretary of State

Current Principal Place of Business:

701 WEST CHURCH STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

701 WEST CHURCH STREET
ORLANDO, FL 32805

New Mailing Address:

315 E ROBINSON STREET
SUITE 660
ORLANDO, FL 32801

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

ANDERSON, VERONICA ESQUIRE
ANDERSON AND ASSOCIATES, P.A.
805 S. KIRKMAN ROAD, SUITE 204
ORLANDO, FL 32811 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: VERONICA ANDERSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LONG, INEZ
Address: 315 EAST ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: ANDERSON, VERONICA
Address: 805 S KIRKMAN ROAD, STE 204
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: MITCHELL, FRANK
Address: 1401 SHADWELL CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MORGAN, LAVETTA
Address: 315 E ROBINSON STREET SUITE 660
City-St-Zip: ORLANDO, FL 32801

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: INEZ LONG

D

11/07/2008

Electronic Signature of Signing Officer or Director

Date