2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # N07000008204 09 DEC 30 PM 4: 24 THE SEAN GREEN PERFORMING AND FINE ARTS ACADEMY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1947 STRATFORD WAY 1947 STRATFORD WAY WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12172008 REIN-NP CR2E099 (1/07) 4. FEI Number 26 - 672 4731 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHANNON, TIMOTHY L Street Address (P.O. Box Number is Not Acceptable) 1009 A3 GREEN PINE BLVD WEST PALM BEACH, FL 33409 Zip Code 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 age SIGNATURE Signature, typed or printed FILE NOW!!! FEE 18-\$256.25 Make check payable to After January 1, 2009, Fee will be \$297.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 30013935555 12/30/08--01034--003 **61 PCFO TITLE ☐ Delete TITLE GREEN, TROY NAME NAME **61.25 STREET ADDRESS 1947 STRATFORD WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WEST PALM BEACH, FL 33409 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREEN, ELIZABETH NAME 1947 STRATFORD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 COY-SI-ZIP TITLE ☐ Delete Change TITLE ☐ Addition SHANNON, TIMOTHY L NAME 1009 A3 GREEN PINE BLVD STREET ADDRESS STREET ADDRESS City-St-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIE TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIF

12. Thereby certify that the information supplied with this filling 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 former like empowered.

STREET ADDRESS

TITLE

SIGNATURE:

SIGNATURE AND TYPED

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Timothy L-Shannor

☐ Delete

12/18/08

561-667-2091

☐ Change

☐ Addition

Daysime Phone #

13/20

20f2

12/18/08

To Whom It May Concern:

This letter is to make you aware that we did not receive notice of the annual report.

Troy Green

Sean Green Performing and Fine Arts Academy