2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered.

SIGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY OF STATE DOCUMENT # N07000009121 TALL AHASSEE, FLORIDA CENTRAL FLORIDA ALUMNI CORPORATION 09 FFB 13 AM 10: 03 Principal Place of Business Mailing Address 8819 VILLA VIEW CIRCLE #106 8819 VILLA VIEW CIRCLE #106 ORLANDO, FL 32821 ORLANDO, FL 32821 2. Principal Place of Business - No P.O. Box # 3. Marling Address 11532 ROUSERUN CIR 11537 ROUSE RUN CIR Suite, Apt. #, etc. Suite, Apt. #, etc. 01252009 REIN-NP CR2E099 (1/07) City & State City & State 4. FEI Number Applied For ORLANDO, NONE Not Applicable 32617 OPLANOO \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 32*81*7 2517 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOSEPH KOVECSES SHEA, CARDIFF J Street Address (P.O. Box Number is Not Acceptable) 8819 VILLA VIEW CIRCLE #106 ORLANDO, FL 32821 11532 ROUSE RUN CIR Zip Code ORLANDO 32817 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. TOSEPH KOVECSES. grature, upod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$297.50 Fiorida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 6001437465UG Addition TITLE TITLE **Delete** SHEA, CARDIFF J NAME 02/17/09--01003--006 **297.50 8819 VILLA VIEW CIRCLE #106 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32821 CITY-ST-ZIP CITY-ST-7IP VΡ ☐ Addition TITLE DILE ☐ Delete KENNEDY, BOB NAME NAME REINSTATEMENT 08-1234 LAS CRUCES DR STREET ADDRESS STREET ADDRESS CITY - ST - ZIP WINTER SPRINGS, FL 32708 CITY - ST - ZIP S TITLE ☐ Addition TITLE ☐ Delete SHORT, CHARLES NAME NAME STREET ADDRESS 215 BEACHWOOD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BCH, FL 32951 PRESIDENT TITLE ☐ Delete TITLE Change Addition JOSEPH A. KOVECSES, JR KOVECSES, JOE REPSNTV 11532 ROUSE RUN CIR STREET ADDRESS 11532 ROUSE RUN CIRCLE STREET ADDRESS ORLANDO, FL 32817 CITY-ST-7IP CITY-ST-7P OPLANDO, FL 32817 TITLE Delete TITLE Change **Addition** MATTHEW POLLETT NAME NAME 2017 PALMETTO PINE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32826 CITY-ST-ZIP CITY-ST, ZIP ☐ Change X Addition ☐ Defete TITLE TREASURER VICHOLAS BRICKLEY NAME STREET ADDRESS 4278 SPOLETO CIRCLE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP OVIEDO - FL - 32 765 12. Thereby 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

FILED

407-844-866