

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009234

FILED
Jul 31, 2009
Secretary of State

Entity Name: FLORIDA SENIOR ADVISORY COUNCIL, INC.

Current Principal Place of Business:

3450 BUSCHWOOD PARK DRIVE
SUITE 100
TAMPA, FL 33618

New Principal Place of Business:

ONE N. DALE MABRY HWY.
SUITE 1080
TAMPA, FL 33609

Current Mailing Address:

3450 BUSCHWOOD PARK DRIVE
SUITE 100
TAMPA, FL 33618

New Mailing Address:

ONE N. DALE MABRY HWY.
SUITE 1080
TAMPA, FL 33609

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

SCARPO, ANTHONY L
3450 BUSCHWOOD PARK DRIVE
SUITE 100
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

SCARPO, ANTHONY L
ONE N. DALE MABRY HWY.
SUITE 1080
TAMPA, FL 33609 US

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: ANTHONY L. SCARPO

07/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCARPO, ANTHONY L
Address: 4204 WAYSIDE WILLOW CT.
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: SCARPO, NICOLE R
Address: 4204 WAYSIDE WILLOW CT.
City-St-Zip: TAMPA, FL 33618

Title: SEC () Delete
Name: MCKELVEY, ANTOINETTE M
Address: 3450 BUSCHWOOD PARK DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCARPO, ANTHONY L
Address: 4204 WAYSIDE WILLOW CT.
City-St-Zip: TAMPA, FL 33618

Title: VPD (X) Change () Addition
Name: SCARPO, NICOLE R
Address: 4204 WAYSIDE WILLOW CT.
City-St-Zip: TAMPA, FL 33618

Title: SD (X) Change () Addition
Name: MCKELVEY, ANTOINETTE M
Address: ONE N. DALE MABRY HWY, # 1080
City-St-Zip: TAMPA, FL 33609

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: ANTHONY L. SCARPO

PD

07/31/2009

Electronic Signature of Signing Officer or Director

Date