2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009538

FILED Apr 03, 2009 Secretary of State

Entity Name: SOUTHEAST REGIONAL GAY MEN'S HEALTH SUMMIT, INC.

Current Principal Place of Business: New Principal Place of Business:

2601 NE 14TH AVENUE WILTON MANORS, FL 33334

Current Mailing Address: New Mailing Address:

2601 NE 14TH AVENUE 1007 N FEDERAL HIGHWAY, #222 WILTON MANORS, FL 33334 FORT LAUDERDALE, FL 33304

FEI Number: 30-0446655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MILLNER, THOMAS O 2601 NE 14TH AVENUE WILTON MANORS, FL 33334 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: THOMAS O. MILLNER

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MARTIN, CHARLES W FAWCETT, DAVID Name: Name:

1234 WASHINGTON AVE, SUITE 200 Address: 4800 NE 8TH AVE Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: OAKLAND PARK, FL 33334

Title: Title:

() Delete (X) Change () Addition MCKAY, NICHOLOS E Name: MCKAY, NICHOLOS E Name:

Address: 265 N. ORANGE STREET Address: 265 N. ORANGE STREET City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: () Delete Title: () Change () Addition

MILLNER, THOMAS O Name: Name:

2601 NE 14TH AVENUE Address: Address: City-St-Zip: WILTON MANORS, FL 33334 City-St-Zip:

Title: () Delete Title: DT (X) Change () Addition

Name: JAMES, WILLIAM E Name: JAMES, WILLIAM E Address: 1823 ADMIRALS WAY Address: 1823 ADMIRALS WAY

City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Delete Title: (X) Change () Addition

BARGAR, KENNETH J BARGAR, KENNETH J Name: Name: 8452 25TH DRIVE 8452 25TH DRIVE Address: Address: City-St-Zip: WELLBORN, FL 32094 City-St-Zip: WELLBORN, FL 32094

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: WILLIAM E JAMES DT 04/03/2009