

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011698

Entity Name: FORTY-SIXTY, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

913 LOBSTER LANE
KEY LARGO, FL 33037

New Principal Place of Business:

96 MADEIRA ROAD
ISLAMORADA, FL 33036

Current Mailing Address:

913 LOBSTER LANE
KEY LARGO, FL 33037

New Mailing Address:

P.O. BOX 183
ISLAMORADA, FL 33036

FEI Number: 26-1524791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

KORIS, CAROL
913 LOBSTER LANE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

KORIS, CAROL
96 MADEIRA ROAD
ISLAMORADA, FL 33036 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: CAROL KORIS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, BRIAN
Address: BOX 132
City-St-Zip: TORRINGTON, AL TOM 2BO CA

Title: VP () Delete
Name: KINNARD, BILL
Address: 4256 ARUBA DRIVE
City-St-Zip: GAHANNA, OH 43230 US

Title: S () Delete
Name: SHEARER, KATIE
Address: 63 WHITE CLAY CRESCENT
City-St-Zip: NEWARK, DE 19711 US

Title: T () Delete
Name: STOCKING, DEBBIE
Address: 4930 W. TYRELL RD.
City-St-Zip: OWOSSO, MI 48867 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KINNARD, BILL
Address: 4256 ARUBA DRIVE
City-St-Zip: GAHANNA, OH 43230 US

Title: VP (X) Change () Addition
Name: CAMPBELL, BRIAN
Address: BOX 132
City-St-Zip: TORRINGTON, AL TOM 2BO CA

Title: S (X) Change () Addition
Name: REIFERT, LYNN
Address: 21624 9TH AVENUE SE #D-106
City-St-Zip: BOTHELL, WA 98021 US

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

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: BILL KINNARD

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date