

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N07000011794**

1. Entity Name  
**THE ACHIEVERS OF AMERICA INC.**



Principal Place of Business  
**7421 ABALON DR.  
PORT RICHEY, FL 34668**

Mailing Address  
**7421 ABALON DR.  
PORT RICHEY, FL 34668**

**FILED**  
**09 FEB 10 AM 10:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business - No P.O. Box #  
**7421 ABALONE DRIVE**

3. Mailing Address  
**7421 ABALONE DRIVE**

Suite, Apt. #, etc.  
**Port Richey**

Suite, Apt. #, etc.  
**Port Richey**

City & State  
**Florida**

City & State  
**Florida**

Zip  
**34668**

Country  
**PASCO**

Zip  
**34668**

Country  
**PASCO**

**REINSTATEMENT 08-09**

4. FEI Number  
**13-4172772**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIONDO, STEVE**  
**7421 ABALON DR.**  
**PORT RICHEY, FL 34668**

*Steve Biondo*

7. Name and Address of New Registered Agent

Name **STEVE J BIONDO**

Street Address (P.O. Box Number is Not Acceptable)  
**7421 ABALONE DR**

City **Port Richey F** **FL** Zip Code **34668**

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.

SIGNATURE *Steve Biondo* DATE **1/29/2009**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BIONDO, STEVE</b> <b>7421 ABALONE DR.</b> <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400142591844</b> <b>02/02/09--01015--009 **131.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1/22/11</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

SIGNATURE *Steve Biondo (President)*