2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07361

FILED Oct 12, 2005 Secretary of State

Entity Name: FLEET RESERVE ASSOCIATION BRANCH #346, INC.				
Current Principal Place of Business:		New Principal Place of Business:		
	NSON AVENUE ITY, FL 32408			
Current Mailing Address:		New Maili	New Mailing Address:	
2117 WILKINSON AVENUE PANAMA CITY, FL 32408				
FEI Number: 90-0067831 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: Name and Address of New Registered Agent:				
	NSON AVE ITY, FL 32408 US named entity submits this statement for the purpose	of changing it	s registered office or registered agent, or both,	
SIGNATUR	E: ERIC T GODBOLD			
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Delete GOLDBOLD, ERIC T 2117 WILKINSON AVE PANAMA CITY, FL 32408	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () Delete LLOYD, DONALD C 162 HOMBRE CIRCLE PANAMA CITY, FL 32408	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () Delete SNELL, BILLY B 2220 DOROTHY AVE PANAMA CITY, FL 32408	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition HODGES, THOMAS 6545 NORTH LAGOON DRIVE UNIT 5 PANAMA CITY, FL 32408	
Title: Name: Address: City-St-Zip:	TD () Delete SNELL, BILLY B 2220 DOROTHY AVE PANAMA CITY, FL 32408	Title: Name: Address: City-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS HODGES SD 10/12/2005