2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000000347

Entity Name: EAA CHAPTER 1464, INC.

FILED Dec 19, 2009 Secretary of State

1983 TRI-COUNTY AIRPORT ROAD BONIFAY, FL 32425

Current Mailing Address: New Mailing Address:

1983 TRI-COUNTY AIRPORT ROAD BONIFAY, FL 32425

FEI Number: 26-1728775 FEI Number Applied For () 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: Name and Address of New Registered Agent:

PETERSON, HAL CURTIS, SNELL

1983 TRI-COUNTY AIRPORT ROAD 1983 TRI-COUNTY AIRPORT ROAD

BONIFAY, FL 32425 BONIFAY, FL 32425 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: CURTIS SNELL 12/19/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

PINTO, JAIME SNELL, CURTIS Name: Name:

Address: 1983 TRI-COUNTY AIRPORT ROAD Address: 1983 TRI-COUNTY AIRPORT ROAD

City-St-Zip: BONIFAY, FL 32425 City-St-Zip: BONIFAY, FL 32425

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

Name: LOCKE, JACK Name: BRAZZELL, DAVID

Address: 1983 TRI-COUNTY AIRPORT ROAD Address: 1983 TRI-COUNTY AIRPORT ROAD

City-St-Zip: BONIFAY, FL 32425 City-St-Zip: BONIFAY, FL 32425

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

PETERSON, HAL D Name: SNELL, MOLISSA Name: 1983 TRI-COUNTY ROAD 1983 TRI-COUNTY ROAD Address: Address: City-St-Zip: BONIFAY, FL 32425 City-St-Zip: BONIFAY, FL 32425

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

BOWERS, CLARENCE E Name: Name: 1983 TRI-COUNTY ROAD Address: Address: City-St-Zip: City-St-Zip: BONIFAY, FL 32425

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: DAVID BRAZZELL **VP** 12/19/2009