

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000000773

FILED
Sep 14, 2011
Secretary of State

Entity Name: LONELY INSTRUMENTS FOR NEEDY KIDS OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

C/O PLAYGROUND MUSIC CENTER, INC.
99 EGLIN PARKWAY
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

C/O PLAYGROUND MUSIC CENTER, INC.
99 EGLIN PARKWAY SUITE 1B
FORT WALTON BEACH, FL 32548

Current Mailing Address:

C/O PLAYGROUND MUSIC CENTER, INC.
99 EGLIN PARKWAY
FORT WALTON BEACH, FL 32548

New Mailing Address:

C/O PLAYGROUND MUSIC CENTER, INC.
99 EGLIN PARKWAY SUITE 1B
FORT WALTON BEACH, FL 32548

FEI Number: 27-5341335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, ANTHONY
C/O PLAYGROUND MUSIC CENTER, INC.
99 EGLIN PARKWAY NE SUITE 1-B
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

LEONARD, ANTHONY D
C/O PLAYGROUND MUSIC CENTER, INC.
99 EGLIN PARKWAY NE SUITE 1-B
FORT WALTON BEACH, FL 32548 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: ANTHONY D LEONARD

09/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DODD, JIM
Address: 99 EGLIN PARKWAY NE SUITE 1-B
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD
Name: LEONARD, ANTHONY D
Address: 99 EGLIN PARKWAY NE SUITE 1-B
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD
Name: CARTER, MARK
Address: 99 EGLIN PARKWAY NE SUITE 1-B
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: CHESSER, D. MICHAEL
Address: 1201 EGLIN PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32759

Title: D
Name: ROCKWELL, BOB
Address: 99 EGLIN PARKWAY NE SUITE 1-B
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: LEONARD, JAMES H
Address: 99 EGLIN PARKWAY NE SUITE 1-B
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY D LEONARD

V/D

09/14/2011

Electronic Signature of Signing Officer or Director

Date