

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000002669

FILED
Oct 08, 2009
Secretary of State

Entity Name: THE INSPIREU GROUP, INC.

Current Principal Place of Business:

895 BONAPARTE LANDING COURT
JACKSONVILLE, FL 32218

New Principal Place of Business:

5414 HARDEN AVE
ORANGE PARK, FL 32065

Current Mailing Address:

895 BONAPARTE LANDING COURT
JACKSONVILLE, FL 32218

New Mailing Address:

5414 HARDEN AVE
ORANGE PARK, FL 32065

FEI Number: 38-3780623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRITTENDEN, RONNELL
895 BONAPARTE LANDING COURT
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

CRITTENDEN, RONNELL
5414 HARDEN AVE
ORANGE PARK, FL 32065 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: RONNELL CRITTENDEN

10/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAUDIN, ALBERY
Address: 12020 RITZ CT.
City-St-Zip: ORLANDO, FL 32825

Title: PD () Delete
Name: WILLIAMS, BRANDON
Address: 895 BONAPARTE LANDING COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: EMANUEL, FRATINA
Address: 5627 PINE BAY CIRCLE NORTH
City-St-Zip: ORANGE PARK, FL 32244

Title: SD () Delete
Name: BLOUNT, MARIA
Address: 1122 EDGEWOOD AVE. WEST
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD () Delete
Name: HERRIOT, LYNN
Address: 1500 CALMING WATER DRIVE #2503
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: BROWN, CEDRIC
Address: 12820 HARVORSRING COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: EMANUEL, FRATINA
Address: 5627 PINE BAY CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

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

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

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: BRANDON WILLIAMS

PD

10/08/2009

Electronic Signature of Signing Officer or Director

Date