2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005676

FILED Oct 12, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF BASKETBALL COACHES INC.

Current Principal Place of Business: New Principal Place of Business:

3817 MILLENIA BOULEVARD #108 3799 MILLENIA BOULEVARD

ORLANDO, FL 32839 #109

ORLANDO, FL 32839

Current Mailing Address: New Mailing Address:

3817 MILLENIA BOULEVARD #108 3799 MILLENIA BOULEVARD

ORLANDO, FL 32839 #109

ORLANDO, FL 32839

FEI Number: 26-3307225 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:

LOVE, JACK LOVE, JACK

3817 MILLENIA BOULEVARD #108 3799 MILLENIA BOULEVARD ORLANDO, FL 32839 US #109

ORLANDO, FL 32839 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: JACK LOVE 10/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: BROWN, LARRY Name: BROWN, LARRY

Address: 3817 MILLENIA BOULEVARD #108 Address: 3799 MILLENIA BOULEVARD #109

City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839

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

Name: LOVE, JACK Name: LOVE, JACK

Address: 3817 MILLENIA BOULEVARD #108 Address: 3799 MILLENIA BOULEVARD #109

City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839

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: JACK LOVE ST 10/12/2009