# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 12, 2009**
**Secretary of State**

DOCUMENT# N08000006260

**Entity Name:** STATUSGRO FOUNDATION, INC.

**Current Principal Place of Business:**

862 OAKBRANCH PLACE
SANFORD, FL 32771

**New Principal Place of Business:**

5224 WEST STATE ROAD 46
PMB 342
SANFORD, FL 32771

**Current Mailing Address:**

862 OAKBRANCH PLACE
SANFORD, FL 32771

**New Mailing Address:**

5224 WEST STATE ROAD 46
PMB 342
SANFORD, FL 32771

**FEI Number: 90-0406953** **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:**

CLARKE, KEVIN
862 OAKBRANCH PLACE
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

CLARKE, KEVIN
5224 WEST STATE ROAD 46
PMB 342
SANFORD, FL 32771 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: KEVIN CLARKE 11/12/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: CLARKE, KEVIN
Address: 862 OAKBRANCH PLACE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: CLARKE, KARLENE
Address: 862 OAKBRANCH PLACE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: CLARKE, JERMAINE
Address: 862 OAKBRANCH PLACE
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: KEVIN CLARKE D 11/12/2009
Electronic Signature of Signing Officer or Director Date