2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 16, 2009
Secretary of State

DOCUMENT# N08000007310

Entity Name: BONITA SPRINGS PREPARATORY AND FITNESS ACADEMY, INC.

Current Principal Place of Business:

3210 DR. MARTIN LUTHER KING BLVD.
FT. MYERS, FL 33916

New Principal Place of Business:

10815 BONITA BEACH ROAD
BONITA BEACH, FL 34135 US

Current Mailing Address:

3210 DR. MARTIN LUTHER KING BLVD.
FT. MYERS, FL 33916

New Mailing Address:

10815 BONITA BEACH ROAD
BONITA BEACH, FL 34135 US

FEI Number: 26-4369330 **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:

HAY, LISA
3210 DR. MARTIN LUTHER KING BLVD.
FT. MYERS, FL 33916 US

Name and Address of New Registered Agent:

HAY, LISA
3348 EDGEWOOD AVENUE
FT. MYERS, FL 33916 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: LISA HAY 11/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M ( ) Change (X) Addition
Name: HOWELL, CHRIS (AARON)
Address: 1913 GRAND ISLE DR.
City-St-Zip: BRANDON, FL 33511 US

Title: M ( ) Change (X) Addition
Name: HURSEY, LYNN
Address: 5308 ABEL MERRIL RD.
City-St-Zip: COLUMBUS, OH 43221 US

Title: M ( ) Change (X) Addition
Name: MASLANKA, JOHN
Address: 14225 PALM 4
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: M ( ) Change (X) Addition
Name: SHIVELY, ROB
Address: 12150 CACTUS DR
City-St-Zip: FT MYERS, FL 33917 US

Title: M ( ) Change (X) Addition
Name: GREG, LOCKARD
Address: 2655 AMBER LAKE DRIVE
City-St-Zip: CAPE CORAL, FL 33909 US

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: ROB SHIVELY M 11/16/2009
Electronic Signature of Signing Officer or Director Date