

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 25 P 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 800 000 8215**

1. Corporation Name

About Change Inc.

500173131855
03/25/10--01027--003 **131.25

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

4031 Elder Ln. Tall FL.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 180957

Suite, Apt. #, etc.

City & State

Tall, FL

City & State

Tall, FL

Zip

32303

Country

US

Zip

32303

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Darius Baker

Street Address (P.O. Box Number is Not Acceptable)

4131 Cornish Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Darius Baker
REGISTERED AGENT MUST SIGN

Date **3/25/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Keisha Baker	1561 Blountstown St. Apt 502	Tall. FL. 32304
VP	Teresa Berger	2332 Keith Street	Tall. FL. 32310
P	Darius Baker	4131 Cornish Dr.	Tall. FL. 32303
REINSTATEMENT			
REINSTATEMENT			
08-10			

10. E-mail Address: **dreel productions @ wnn connect. com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Darius Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/10
Date

850-321-5765
Daytime Phone #