## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000009060

FILED Sep 28, 2009 Secretary of State

Entity Name: BUSINESS GUILD OF SEMINOLE HEIGHTS, INC.

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

5207 N. FLORIDA AVENUE TAMPA, FL 33603 US

Current Mailing Address: New Mailing Address:

PO BOX 7375 TAMPA, FL 33673

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

KING, SHERRY 5207 N. FLORIDA AVE. TAMPA, FL 33603SHER 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: SHERRY KING

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CORYER, RAQUEL
 Name:
 CORYER, RAQUEL

 Address:
 214 W. FRIERSON
 Address:
 214 W. FRIERSON

 City-St-Zip:
 TAMPA, FL 33603
 City-St-Zip:
 TAMPA, FL 33603

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SUSSMAN, PETRA
 Name:

 Address:
 1411 E. NORTH ST.
 Address:

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:

Title: TREA ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KING, SHERRY
 Name:

 Address:
 5207 N. FLORIDA AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33603
 City-St-Zip:

Title: ECC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DRANE, LARRY D
 Name:

 Address:
 1223 E IDLEWILD AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33604
 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: SHERRY KING TREA 09/28/2009