2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000010137

FILED Oct 12, 2009 Secretary of State

Entity Name: HILLSBOROUGH COUNTY SCHOOL NUTRITION ASSOCIATION, INC.

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

2920 N 40TH STREET TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

2920 N 40TH STREET TAMPA, FL 33605

FEI Number: 80-0302050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

WERTLEY, SHARON
3533 CHESSINGTON DRIVE
LAND O'LAKES, FL 34638 US
KLUGE, JILL
7603 CLOVELLY PARK PLACE
APOLLO BEACH, FL 33572 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: JILL A. KLUGE 10/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WERTLEY, SHARON
 Name:
 KLUGE, JILL

 Address:
 3533 CHESSINGTON DR
 Address:
 7603 CLOVELLY PARK PLACE

 City-St-Zip:
 LAND O'LAKES, FL 34638
 City-St-Zip:
 APOLLO BEACH, FL 33572

Title: P () Delete Title: MS (X) Change () Addition Name: KLUGE, JILL Name: KLUGE, JILL

 Name:
 KLUGE, JILL
 Name:
 KLUGE, JILL

 Address:
 2920 N 40TH ST
 Address:
 2920 N 40TH ST

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:
 TAMPA, FL 33605

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf MS} \qquad {\sf (X) Change () Addition}$

 Name:
 GIFFORD, LAUREL
 Name:
 GIFFORD, LAUREL

 Address:
 618 CHILT DRIVE
 Address:
 618 CHILT DRIVE

 City-St-Zip:
 BRANDON, FL 33510
 City-St-Zip:
 BRANDON, FL 33510

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: JILL KLUGE MS 10/12/2009