2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE Principal Place of Business 3684 TAMPA ROAD, STE 6 OLDSMAR, FL 34677 US Mailing Address 3684 TAMPA ROAD, STE 6 OLDSMAR, FL 34677 US 2. Principal Place of Business - No P.O. Box # 9.7 MINEOLA DR. 9.7 MINEOLA DR. 9.7 MINEOLA DR. E. Suite, Act #, etc. E. BELLEAIR BLUFFS - Suite, Country US 20 Solde from Solde for Not Applicable The Country US 32.7 70 Principal Place of Business - No P.O. Box # 9. FEI Number 65-9188670 Replied For Not Applicable for Not Not Applicable for Not Not Applicable for Not
Suite, Apr. 1, etc. Suite, Apr. 1, etc. Suite, Apr. 1, etc. Suite, Apr. 1, etc. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SelleAir Bloomer of Status Desired Applied for FC ON Applicable SelleAir Bloomer of Status Desired Sa.75 Additional for Required SelleAir Bloomer of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name Name Suite Address (F.O. Box Number is Not Acceptable) Suite Address
Suite, Apr. 1, etc. Suite, Apr. 1, etc. Suite, Apr. 1, etc. Suite, Apr. 1, etc. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SELLEAIR BLOFFS. SelleAir Bloomer of Status Desired Applied for FC ON Applicable SelleAir Bloomer of Status Desired Sa.75 Additional for Required SelleAir Bloomer of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name Name Suite Address (F.O. Box Number is Not Acceptable) Suite Address
Suite, Apt. #, etc. E. BELLEAIR BLUFFS. Suite, Apt. #, etc. E. BELLEAIR BLUFFS. Suite, Apt. #, etc. E. BELLEAIR BLUFFS. Suite, Apt. #, etc. FLOR IDA City & State FLOR IDA Country US Zip Zip Country US Zip Country S. Certificate of Status Desired \$8.79 Addition Fee Required Street Address (PO, Box Number is Not Acceptable) INC GRADBART, FL 34677 Street Address (PO, Box Number is Not Acceptable) INC GRADBART, FL 34677 FL Zip Code Superior Registered agent. File NowIII Fee Is \$61.25 File NowIII Fee Is \$61.25 In accordance with s. 607.183(2)(b), F. S., the Corporation did not receive the prior notice. Fiordia Department of State Fordia Department of State INC INC GRADBART (R) Addition TILE PD UNEDIN, FL 34698 INC INC INC INC INC INC INC IN
City & State City & State
Zip Country US Zip 770 Country US 3770 Country US 3770 Country US 3. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Street Address of New Registered Agent 9. Street Address of New Registered 9. Street Address of New Registered 9. Street Address of New Registere
ALBRAITH CHARLA HERITAGE PROPERTY MGMT, INC 3684 TAMPA RD, STE G OLDSMAR, FL 34677 Street Address (P.O. Box Number is Not Acceptable) City SELLEAIR BLUFFS FL Zip Code 3.37.70 8. The above named entity submits thig statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior notice. FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s, 607.193(2)(b), F.S., the prior not
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) PT MINE OLD DR. E. City SELLEAIR BLUFFS FL Zip Code 3.3770 6. The above named entity submits thickstatement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU
S884 TAMPA RD, STE G OLDSMAR, FL 34677 Structure
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature and of Project name of refugerate and state applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME LOPEZ, ALICYN SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME JAMPAGLIA, JOHN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature of registered agent. (NOTE: Registered Agent signature required when reinstaking) DATE FILE NOWILI FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PD INDE LOPEZ, ALICYN SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE LOPEZ, ALICYN SIREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE STD DIRECTOR Delete ITILE MILE DIRUCTOR ITILE VPD GOSCHE, DEBORAH FILE VPD DUNEDIN, FL 34698 ITILE VPD DUNEDIN, FL 34698 ITILE VPD GOSCHE, DEBORAH FILE VPD DUNEDIN, FL 34698 TITLE VPD DUNEDIN, FL 34698 ITILE DUNEDIN, FL 34698
FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 FILE NOWES LOPEZ, ALICYN SIRET ADDRESS 1204 CITY-ST-2P DUNEDIN, FL 34698 TITLE STD DIRECTOR Delete TITLE STRET ADDRESS 1172 FALCON DRIVE CITY-ST-2P DUNEDIN, FL 34698 TITLE VPD WARE GOSCHE, DEBORAH FILE NOWES 134698 TITLE WARE SIRET ADDRESS CITY-ST-2P DUNEDIN, FL 34698 TITLE TITLE VPD WARE STRET ADDRESS CITY-ST-2P DUNEDIN, FL 34698 TITLE TITLE VPD WARE STRET ADDRESS CITY-ST-2P DUNEDIN, FL 34698 TITLE VPD TITLE VPD WARE STRET ADDRESS CITY-ST-2P DUNEDIN, FL 34698 TITLE TITLE VPD Change Addition Addition MARE STRET ADDRESS CITY-ST-2P DUNEDIN, FL 34698 TITLE T
Signature Color
After January 1, 2009, Fee will be \$122.50 Corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ITILE LOPEZ, ALICYN MAME LOPEZ, ALICYN STREET ADDRESS 1204 STREET ADDRESS 1204 STREET ADDRESS 1207 F. TITLE STD DIRECTOR Delete TITLE MILDITER GREER DROPES Addition NAME JAMPAGLIA, JOHN STREET ADDRESS 1172 FALCON DRIVE DUNEDIN, FL 34698 CITY-S1-ZIP DUNEDIN, FL 34698 CITY-S1-ZIP DUNEDIN, FL 34698 CITY-S1-ZIP TITLE VPD ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-S1-ZIP DUNEDIN, FL 34698 CITY-S1-ZIP TITLE D BOX 1372 STREET ADDRESS CITY-S1-ZIP DUNEDIN, FL 34698 CITY-S1-ZIP TITLE D BOX 1372 STREET ADDRESS CITY-S1-ZIP DUNEDIN, FL 34698 CITY-S1-ZIP TITLE D BOX 1372 STREET ADDRESS CITY-S1-ZIP DUNEDIN, FL 34698 CITY-S1-ZIP TITLE D BOX 1372 Change Addition
TITLE NAME LOPEZ, ALICYN STRET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE STD DIRECTOR JAMPAGLIA, JOHN STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE VPD TITLE VPD TITLE VPD STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE D STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE D STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE D Addition Addition Addition Addition Addition Addition TITLE D Addition Addition Addition Addition TITLE D Addition Addition Addition TITLE D Addition Addition
NAME STREET ADDRESS 1204 STREET ADDRESS 1205 TITLE STD DIRECTOR Delete TITLE NAME JAMPAGLIA, JOHN STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE VPD NAME GOSCHE, DEBORAH STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE D STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 TITLE D Addition Addition Addition TITLE D Addition Addition
CITY-ST-ZIP DUNEDIN, FL 34698
TITLE STD DIRECTOR Delete TITLE MILDREN GREER BACKENDE Addition NAME JAMPAGLIA, JOHN STREET ADDRESS 1172 FALCON DRIVE DUNEDIN, FL 34698 TITLE VPD STREET ADDRESS CITY-S1-ZIP DIRECTOR TITLE GOSCHE, DEBORAH NAME STREET ADDRESS CITY-S1-ZIP DIRECTOR STREET ADDRESS CITY-S1-ZIP DIRECTOR TITLE NAME GOSCHE, DEBORAH STREET ADDRESS CITY-S1-ZIP DUNEDIN, FL 34698 TITLE DD BOX 1372 TITLE D BOX 1372 TITLE DD BOX 13
STREET ADDRESS CITY-S1-ZIP DUNEDIN, FL 34698 TITLE VPD NAME GOSCHE, DEBORAH STREET ADDRESS CITY-S1-ZIP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS CITY-S1-ZIP DUNEDIN, FL 34698 TITLE D STREET ADDRESS CITY-S1-ZIP TITLE Addition Addition TITLE D STREET ADDRESS CITY-S1-ZIP TITLE Addition Addition Addition TITLE D Addition Addition Addition
CITY-S1-ZIP DUNEDIN, FL 34698 TITLE VPD TITLE GOSCHE, DEBORAH STREET ADDRESS P.O. BOX 1372 CITY-S1-ZIP DUNEDIN, FL 34698 TITLE D BORDESS CITY-S1-ZIP
NAME GOSCHE, DEBORAH STREET ADDRESS P.O. BOX 1372 STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE D BOBIEC TITLE D Addition
STREET ADDRESS P.O. BOX 1372 STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE D SOLUTION THE SOLUTION Addition
ITTLE D BORRE TITLE 500138343 CHARGE Addition
NAME SMITH, ANDRIA 12/01/0801062001 **61.25
STREET ADDRESS 1108 FALCON DR STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP
TITLE Skirtling Delete IIILE Change Addition
NAME TELL ADDRESS 1188 Follow Dr. STREET ADDRESS 1188 Follow Dr.
CIT-SI-DP Dunid in FL 3464 CIT-SI-DP
TITLE PD Change Addition NAME Cobesic R Obsell NAME Cobesic R Obsell NAME
STREET ADDRESS 120M FA 1600 DAIVE STREET ADDRESS DI /15 /09_01012_001 ***\$1 25
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: