

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000000902

FILED
Nov 01, 2011
Secretary of State

Entity Name: OT 1911 INC.

Current Principal Place of Business:

317 NORTH 7TH STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

PO BOX 775
FORT PIERCE, FL 34984

New Mailing Address:

PO BOX 775
FORT PIERCE, FL 34954

FEI Number: 27-1038641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONNER, MAURICE
2118 SW LARCHMONT LANE
PORT ST. LUCIE, FL 349844321 US

Name and Address of New Registered Agent:

GAINES, ARNOLD S ESQ.
1505 AVENUE Q
FORT PIERCE, FL 34950 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: ARNOLD S GAINES, ESQ.

11/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TEAL, DONALD
Address: 174 SW EVANS AVE
City-St-Zip: PORT STL LUCIE, FL 349844315

Title: VPD
Name: WILLIAMS, HARRY B
Address: 702 NW VISCAYA ST.
City-St-Zip: [PRT ST. LUCIE, FL 34983

Title: SD
Name: BONNER, MAURICE
Address: 2118 SW LARCHMONT LANE
City-St-Zip: PORT ST. LUCIE, FL 349844321

Title: TD
Name: GAINES, SAMUEL
Address: 317 N. 7TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: C
Name: JOHNSON, RODERICK
Address: 1124 HEMLOCK CIRCLE
City-St-Zip: FT PIERCE, FL 34947

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL GAINES

TD

11/01/2011

Electronic Signature of Signing Officer or Director

Date