2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
14 SEP 11 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12000009695

1. Entity Name
THE GIVING ALPHABET INC

09112014 REIN-NP CR2E099 (12/11)

Principal Place of Business	Mailing Address
3226 ALBERT DR. TALLAHASSEE, FL 32309	3226 ALBERT DR. TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IRWIN, DAVID L
5052 CENTENNIAL OAK CIRCLE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: Wendy Sanders
Street Address (P.O. Box Number is Not Acceptable): 3226 Albert Dr.
City: Tallahassee FL Zip Code: 32309

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: Wendy Sanders 9/11/14
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEYENT, DAKOTA 3226 ALBERT DR. TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000264255120 09/12/14--01001--001 **297.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, DONALD 919 HAWTHORNE RD. TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRANDALL, ELIOT 1001 OCALA RD TALLAHASSEE, FL 32304	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Sabrina Parrish 3245 Lord Murphy Trail Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, WENDY 3226 ALBERT DR TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: Wendy Sanders 9/11/14 givingalphabet@comcast.net
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — E-MAIL ADDRESS