2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N12193 LETY Name BIRCHWOOD 1.8 II ASSOCIATION, INC. Prince Place of Business OF APR - 9 H 5: 21		KEINSTA	FILED								
UP ELIP PROPERTY IN MANAGEMENT 2732 WESTORESTER BUT 2732 WESTORE	1. Entity Nam	e	NC.					07 APR -	9 PM 5:	21	
2. Princeal Place of Business. No P.O. Biol. # 2. List No. J. J. Acceptable in the Community of the Communit	C/O ELITE PR 27392 WEST	OPERTY MANAGEMENT Chester blvd	C/O ELITE PROPERTY MANAGEMENT 27392 Westchester BLVD				SEURETAF TALLAHAS	RY OF STA SEE, FLOR	TE IDA		
Suite, Apt. et. etc. Suite, Apt. et. etc.	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			1 (25),101 001 115(5					
Source S	Suite, Apt.	#, etc.	112				NAME OF THE PROPERTY OF THE PR				
6. Name and Address of Current Registered Agent KLINGLE, JOYCE 22992 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980 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 Department of the purpose of changing its registered office or registered agent, or both, in the State of Florida Department of the chipping of the programment of the purpose of changing its registered office or registered agent, or both, in the State of Florida Department of State FILE NOW!!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida Department of State FILE NOW!! FEE IS \$122.50 In accordance with is 607.193(2)(b), F.S., The Control of Florida State State State State Sta	PORT	Charlotte Fl	PUNTA GOLDA F.				59-2634968 Not Applicable				
KINGLE, JOYCE 22392 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980 Control of the control of the control of the purpose of changing its registered office or registered agent, or both in the State of Fortide. I am familiar with, and accept the obligations of prejistered agent.		o US	33950 (15				5. Certificate of Status Desired Fee Required				
5. The above named entity submits this statement for the purpose of changing its registered of corregistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pagintered agent. SIGNATURE	KLINGLE, JOYCE 22392 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980						et Address (P.O. Box Number is Not Acceptable) 00 Sullivan S7				
FILE NOW!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation of not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VD MALONEY, SEAN MA	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										
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	12. I hereby indicated of the collaboration	certify that the information supplied with a certify that the information supplied with a certify that the information or the receiver of trustee emporation or the receiver of trustee emporation an attachment with an address	h this tiling do the and accu- with all other like	es not qualify for turate and that my soute this report as keempowered.	the exemptions of signature shall ha required by Cha	containe ave the opter 61	ed in Chapter 119, Fl same legal effect as 7, Florida Statutes; ar	lorida Statutes. I furthe if made under oath; th nd that my name appe	r certify that the at I am an officer ars in Block 10 or	information or director Block 11 if	
	SIGNAT	URE: SIGNATURE AND TYPED OR F	PRINTED NAME OF	SIGNING OFFICER OR	ADER TO	peys	sente 3	20-07 Date	Daytime Phone #		