

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12353

FILED
Oct 06, 2006
Secretary of State

Entity Name: NATIONAL ORGANIZATION OF TRANSPLANT ENLIGHTENMENT, INC.

Current Principal Place of Business:

3780 TAMPA RD
SUITE 102
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

3780 TAMPA RD
SUITE 102
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-2644339 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

VALITUTTI, LESLIE R
3780 TAMPA RD
SUITE 102
OLDSMAR, FL 34677 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: LESLIE R. VALITUTTI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALITUTTI, LESLIE R
Address: 3780 TAMPA RD, SUITE 102
City-St-Zip: OLDSMAR, FL 34677

Title: STD () Delete
Name: THRASHER-DONALDSON, LINDA
Address: 3780 TAMPA RD, SUITE 102
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: ORTIZ, ROBERT C SR
Address: 3780 TAMPA RD, SUITE 102
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAMBLE, ROBERT C SR
Address: 3780 TAMPA RD, SUITE 102
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE R. VALITUTTI

DIRE

10/06/2006

Electronic Signature of Signing Officer or Director

Date