2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N23067

FILED Aug 05, 2008 Secretary of State

Entity Name: DEAF SERVICE CENTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10016 S. FEDRAL HWY 7821 SEMINOLE BLVD PORT SAINT LUCIE, FL 34952 SEMINOLE, FL 33772

Current Mailing Address: New Mailing Address:

P.O. BOX 2730 7821 SEMINOLE BLVD PINELLAS PARK, FL 33780 SEMINOLE, FL 33772

FEI Number: 65-0014595 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:

KATTLER, RICHARD J JR

DHHS OF THE TC, 10016 SOUTH FEDERAL HWY

PORT SAINT LUCIE, FL 34952 US

CHURCH, JULIE
7821 SEMINOLE BLVD
SEMINOLE, FL 33772 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: JULIE CHURCH 08/05/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR () Delete Title: PR (X) Change () Addition Name: KOTTLER, RICK Name: CHURH, JULIE

 Address:
 10016 S. FEDRAL HWY
 Address:
 7821 SEMINOLE BLVD

 City-St-Zip:
 PORT SAINT LUCIE, FL 34952
 City-St-Zip:
 SEMINOLE, FL 33772

Title: SC () Delete Title: SEC (X) Change () Addition Name: WHITAKER, MAUREEN TAMBASCO, MAUREEN

Address: 105 SE HWY 19 Address: 105 SE HWY 19

City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP () Delete Title: TREA (X) Change () Addition Name: CHURCH, JULIE Name: GAUT, KIM

Address: 7545 83RD ST N Address: 25250 SANDHILL BLVD
City-St-Zip: SEMINOLE, FL 33777 City-St-Zip: PUNTA GORDA, FL 33983

Title: TR (X) Delete Title: () Change () Addition

 Name:
 GAUT, KIM
 Name:

 Address:
 24901 SANDHILL BLVD #8
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33983
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JULIE CHURCH PRES 08/05/2008