2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# N29150

Entity Name: L.L.Y.A., INC.

Current Principal Place of Business:

6527 MERRILL RD.
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15096
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 59-2941733 **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:

HARRIS, KARL D
4910 BLOUNT VISTA CT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: KARL D. HARRIS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARRIS, KARL D
Address: 4910 BLOUNT VISTA CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: V ( ) Delete
Name: HARRIS, KEN
Address: 7123 OAKNEY RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: T ( ) Delete
Name: JOHNSON, DEANDROUS
Address: 2579 WOOLERY DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: S (X) Delete
Name: GRODIVANT, LAURA
Address: 2691 UNIVERSITY BLVD N #E14
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: LARSON, KEITH
Address: 3256 FRUITWOOD LN
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: CUMMINGS, WILLIE
Address: 8511 MATHONIA AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: T (X) Change ( ) Addition
Name: WILCOX, DEANDROUS
Address: 2579 WOOLERY DR
City-St-Zip: JACKSONVILLE, FL 32211

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KARL D. HARRIS P 10/10/2005
Electronic Signature of Signing Officer or Director — Date