2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 20, 2006
Secretary of State

DOCUMENT# N29452

Entity Name: MARTHA'S HOUSE, INC.

Current Principal Place of Business:

4134 HIGHWAY 441 NO
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

103 NW 5TH STREET
OKEECHOBEE, FL 34972 US

Current Mailing Address:

POST OFFICE BOX 727
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 65-0094350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAAS, WANDA
940 SE 23RD STREET
OKEECHOBEE, FL 34974 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: WANDA HAAS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STRIPLING, KEITH
Address: 504 NW 4TH ST.
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP ( ) Delete
Name: JONES, TOM
Address: 810 SE 14TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: SEC ( ) Delete
Name: HAAS, WANDA
Address: 940 SE 23RD ST.
City-St-Zip: OKEECHOBEE, FL 34974

Title: T ( ) Delete
Name: UTT, MARY LINDA
Address: 4705 SE 141ST AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: ED ( ) Delete
Name: LOCKE, STEPHANIE E
Address: 810 SE 9TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: SANDRA, BLANTON
Address: 2518 SE 38TH TRAIL
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change ( ) Addition
Name: WILLIAMS, TINA
Address: 3260 HWY 441S #147
City-St-Zip: OKEECHOBEE, FL 34974 US

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: STEPHANIE LOCKE ED 09/20/2006

Electronic Signature of Signing Officer or Director — Date