## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

PRINCIPAL PRICE OF Business P.O. BOX 2354 PALATKA, FL. 32178 P.O. BOX 2354 PALATKA, FL. 32177 P.O. Suite, April 4, circ. City & FL. Zip Code  8. The above control unity submiles the suite relative with a suite	1. Entity Name	MÉNT # N33565 COUNTY GENEALOGICAL	SOCIETY, INC.				CILÉ 10V 13 P			
2. Principal Place of Business - No P.Q. Box # Suite. April 4, clic.  Suite. April 4, clic.	Principal Place	e of Business	Mailing Address							
2. Principal Place of Business - No P.Q. Box # Suite. Apr. 4, alc.  Suite. Apr. 4, alc.  Suite. Apr. 4, alc.  Suite. Apr. 4, alc.  10132007 REIN-NP CR26099 (1/07)  Spyr 5 Strong Spire - Rein-NP CR2609 (1/07)  Spire - Rein-NP C					ĺ	ŞEÇI	RETARY DI	F STATE		
Suite. April 4, etc.    Suite. April 4, etc.   Suite. April 4, etc.   Suite. April 4, etc.   Suite. April 4, etc.   Suite. April 4, etc.   Suite. April 4, etc.   Applied for 59-2978161   No. Applicable 79-2978161   No. Applica	PALATKA, FL 32178 PALATKA, FL 32178					IALL	AHASSEE.	FLURIUA	<u>.</u>	
Suite. April 4, etc.    Suite. April 4, etc.   Suite. April 4, etc.   Suite. April 4, etc.   Suite. April 4, etc.   Suite. April 4, etc.   Suite. April 4, etc.   Applied for 59-2978161   No. Applicable 79-2978161   No. Applica								Maraum Mara		
Solite, April 4, etc.    Solite, April 4, etc.   Solit	1 2 2 1	lace of Business - No P.O. Box #	3. Mailing Address							
### Secondary   Se	Suite, Apt.		Suite, Apt. #, etc.	, <u>, , , , , , , , , , , , , , , , , , </u>		10132007 REIN-NP	CR2E	E099 (1/07)		
S. Certificate of Sanua Desired   Fee Required   S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   See Required   Name   Nam	City & State		City & State			4. FEI Number 59-2978161		<del> </del>		
Name  Steel Address (P.O. Box Number is Not Acceptable)  The above named cristly submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatus speed operand immort organized agent and tife 4 apphobit.  More Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. The both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. The both in the State of Florida. I am familiar with, and accept the collegations of registered agent. The both in the State of Florida. I am familiar with, and accept the collegations of registered agent. The both in the State of Florida. I am familiar with, and accept the collegations of registered agent. The both in the State of Florida. I am familiar with, and accept the collegations of registered agent. The both in the State of Florida. I am familiar with, and accept the collegations of registered agent. The both in the State of Florida. I am familiar with, and accept the collegations of registered agent. The both in the State of Florida. I am familiar with, and accept the collegations of Florida Department of State.  In accordance with s. 607.193(2)(b), F. S. the Make check payable to Florida Department of State.  In accordance with s. 607.193(2)(b), F. S. the Make check payable to Florida Department of State.  In accordance with s. 607.193(2)(b), F. S. the Make check payable to Florida Department of State.  In accordance with s. 607.193(2)(b), F. S. the Check payable to Florida Department of State.  In accordance with s. 607.193(2)(b), F. S. the Check payable to Florida Department of State.  In accordance with s. 607.193(2)(b), F. S. the Check payable to Florida Department of State.  In accordance with s. 607.193(2)(b), F. S. the Check payable to Florida Department of State.  In accordance with s. 607.193(2)(b), F. S. the C	Zip 37/	17 Summy	Zip	Country		5. Certificate of Status De	sired			
Street Address (F.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current Re	egistered Agent			7. Name and Address of	New Registered	i Agent		
Street Address (P.O. Box Number is Not Acceptable)    City	ODOM SANDRA H									
E. 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 the chilipations of registered agent.  SIGNATURE  SUBMATURE  SUBMATU	1311 HWY 19 SOUTH			Street Ado	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the composition of did not receive the prior notice.    Application of the proposition of did not receive the prior notice.	T / (2) (11) 0 (,	32.,,								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent.    Common				City			FI	Zip Cod	e	
THE Chilgations of registered agent.    SIGNATURE   Signature, Impriled or preced name of registered agent and time 4 appholishis.   INCEE Registered Agent signature required when naintating)   DATE	8. The above	named entity submits this statement for t	he purpose of changing its	registered office or re	egistere	ed agent, or both, in the Stat		<u> </u>	and accent	
MOTE   Registered Agent signature received when reinstating)   DATE		,			-3					
MOTE   Registered Agent signature received when reinstating)   DATE										
After January 1, 2008, Fee will be \$122.50  Corporation did not receive the prior notice.  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE  S VARNES, SHARON  100 NANCY PLACE  OTT-ST-IP  PALATKA, FL 32177  Delete  ITILE  D  MCLEOD, CARLIS J  STREET ADDRESS  OTT-ST-IP  MACE  COLTY-ST-IP  PALATKA, FL 32131  TITLE  D  MCLEOD, CARLIS J  STREET ADDRESS  OTT-ST-IP  PALATKA, FL 32177  TITLE  DP  MCLEOD, CARLIS J  STREET ADDRESS  OTT-ST-IP  TITLE  DP  MCLEOD, CARLIS J  STREET ADDRESS  OTT-ST-IP  TITLE  DP  MACE  COLTY-ST-IP  Delete  TITLE  DP  MACE  COLTY-ST-IP  TITLE  DF  MACE  COLTY-ST-IP  TITLE  DT  MACE  COLTY-ST-IP  TITLE  DT  MACE  COLTY-ST-IP  Delete  TITLE  DT  MACE  COLTY-ST-IP  TITLE  DT  MACE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TITLE  TITLE  TITLE  DT  MACE  STREET ADDRESS  STREET ADDRESS  TITLE  TITLE  TITLE  DT  MACE  STREET ADDRESS  STREET ADDRESS  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  DT  MACE  COLTY-ST-IP  Delete  TITLE  TITLE	SIGNATURE .	Signature, typed or printed name of registered agent and	dititle il applicable. (NOT	E: Registered Agent signatur	are require	d when reinstating)	DATE			
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CITY-ST-ZIP  PALATKA, FL 32177  CITY-ST-ZIP  CITY-ST-ZI		nuary 1, 2008, Fee will be \$122.50	corporation	did not receive the	e prior i	notice.	Florida Depa	artment of Si	tate	
CITY-ST-ZIP  PALATKA, FL 32177  CITY-ST-ZIP  CIT	10.	OFFICERS AND DIRE	CTORS	11.	P prior i	notice.  DDITIONS/CHANGES TO C	Florida Depa	DIRECTORS IN	tate	
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NAME STREET ADDRESS 1311 HWY 19 SOUTH STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177  IITLE V CIRY-ST-ZIP NAME ZANDER, MELBA STREET ADDRESS CITY-ST-ZIP SAN MATEO, FL 32187  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SUBJECT OF STREET OF STREE	CTORS  Delete  Delete	11.  111LE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Jillic 1386 Med	DDITIONS/CHANGES TO C ung Wainwright State Rd 100 rose, EL 31666  EINSTATEM	FIORIDA DEPARTMENT	Change	Addition  Addition	
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NAME STREET ADDRESS P.O. BOX 520 SAN MATEO, FL 32187  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE S VARNES, SHARON 100 NANCY PLACE PALATKA, FL 32177 D SMITH, ALTA H 1307 HWY 19 SOUTH EAST-PALATKA, FL-32131 D MCLEOD, CARLIS J 2014 CHERRY LANE PALATKA, FL 32177 DP ZETROWER, LEROY 817 S 15TH ST. PALATKA, FL 32177 DT ODOM, SANDRA 1311 HWY 19 SOUTH	CTORS  Delete  Delete  Delete	I 11.  I 11.LE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jillic 1386 Med	DDITIONS/CHANGES TO C ung Wainwright State Rd 100 rose, EL 31666  EINSTATEM	FIORIDA DEPARTMENT	Change  Change  Change  Change	Addition  Addition	
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changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: 10/1.107 396-977-01444	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  S VARNES, SHARON 100 NANCY PLACE PALATKA, FL 32177  D SMITH, ALTA H 1307 HWY 19 SOUTH EAST-PALATKA, FL-32131  D MCLEOD, CARLIS J 2014 CHERRY LANE PALATKA, FL 32177  DP ZETROWER, LEROY 817 S 15TH ST. PALATKA, FL 32177  DT ODOM, SANDRA 1311 HWY 19 SOUTH PALATKA, FL 32177  V ZANDER, MELBA P.O. BOX 520 SAN MATEO, FL 32187  certify that the information supplied with 10 on this report or supplemental report is to portation or the receiver or trustee empow	CORDORS  Delete  Delete  Delete  Delete  Delete  Delete	I 11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP	Pontained by the se	DDITIONS/CHANGES TO C Log Wain wright State Re 100 rose EL 32666 EINSTATEM	ENT Contact the state of the st	Change  Change  Change  Change  Change  Change	Addition  Addition  Addition  Addition  Addition	