

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 DEC 24 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12032008 REIN-NP CR2E099 (1/07)

4. FEI Number  
59-3193679 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

FADELY, ANTHONY B  
806 FORREST AVENUE  
COCOA, FL 32922

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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 obligations of registered agent.

SIGNATURE

*Anthony B. Fadel* ANTHONY B. FADELY  
(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2009, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FADELY, ANTHONY B  
STREET ADDRESS 809 N. INDIAN RIVER DR.  
CITY-ST-ZIP COCOA, FL 32922

TITLE ☐ Change ☐ Addition  
NAME 300139271213  
STREET ADDRESS 12/24/08--01045--012 \*\*240.00  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME COOPER, DAVID  
STREET ADDRESS 2600 LYNWOOD PL  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE ☐ Change ☐ Addition  
NAME ~~300139271213~~  
STREET ADDRESS 12/24/08--01045--013 \*\*5.00  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME FADELY, VERA  
STREET ADDRESS 809 INDIAN RIVER DR  
CITY-ST-ZIP COCOA, FL 32922

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIR ☐ Delete  
NAME BAWGUS, WILLIAM A  
STREET ADDRESS 25 LITTLE JOHN LA  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Anthony B. Fadel* ANTHONY B. FADELY 12/22/08 321-636-7289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone