

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42268

FILED
Jan 25, 2010
Secretary of State

Entity Name: SHADY HILLS RAIDERS, INCORPORATED

Current Principal Place of Business:

15480 GREENGLEN LN
SPRING HILL, FL 34610 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11370
SHADY HILLS, FL 34610 US

New Mailing Address:

FEI Number: 59-3056645 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

OLEY, MILDRED D
14600 IVY CHASE LN
APT 4
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

SMITH, BOBBY
11421 GROVEWOOD BLVD
LAND O LAKES, FL 34638 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: BOBBY SMITH

01/25/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: SMITH, BOBBY DIR
Address: 11421 GROVEWOOD BLVD
City-St-Zip: LAND O LAKES, FL 34638

Title: AS D
Name: CAMPBELL, CINDY ASST DI
Address: 17621 CHORVAT AVE
City-St-Zip: SPRING HILL, FL 34610

Title: CHRC
Name: CHAPLE, DEBRA CHEER C
Address: 16249 BREAKWATER LN
City-St-Zip: SPRING HILL, FL 34610

Title: SEC
Name: BROAD, THERESA
Address: 17454 VALENCIA DR
City-St-Zip: SPRING HILL, FL 34610

Title: TRE
Name: HALL, ROBERT C TRES
Address: 12248 RIDGEDALE DR
City-St-Zip: HUDSON, FL 34669

I hereby 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 all other like empowered.

SIGNATURE: BOBBY SMITH

DIRE

01/25/2010

Electronic Signature of Signing Officer or Director

Date