

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N44889</b> 1. Entity Name <b>THE CENTRAL FLORIDA MUSCOGEE CREEK TRIBE, INC.</b>						<b>FILED</b> <b>09 OCT -2 AM 11: 01</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5857 EMPIRE CHURCH RD.</b> <b>GROVELAND, FL 34736 US</b>				Mailing Address <b>P. O. BOX 966</b> <b>LACOOCHEE, FL 33537 US</b>			
2. Principal Place of Business - No P.O. Box # <b>17920 Beach Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 82164</b> Suite, Apt. #, etc.					
City & State <b>Perry Florida</b>		City & State <b>Tampa Florida</b>		4. FEI Number <b>59-3131268</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>32348</b>	Country <b>us</b>	Zip <b>33682</b>	Country <b>us</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>STOKES, JAMES D MR.</b> <b>5857 EMPIRE CHURCH RD.</b> <b>GROVELAND, FL 34736</b>				7. Name and Address of New Registered Agent Name <b>Ronald E. Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>15307 Spruson Street</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>			
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 <i>Ronald E. Williams</i> <b>Ronald E. Williams V.C. 9/30/09</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2010, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH <b>SOKES, JAMES D</b> <input checked="" type="checkbox"/> Delete <b>5857 EMPIRE CHURCH RD.</b> <b>GROVELAND, FL 34736</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>King, Randy E. 200161280862</b> <b>15511 Ring Oak Ln</b> <b>Monticello, FL 32309</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>WEBB, SUE</b> <b>8736 MCKENDREE RD.</b> <b>ZEPHYRHILLS, FL 33644</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Williams, Ronald E.</b> <b>15307 Spruson Street</b> <b>Odessa, FL 33556</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.C. <input type="checkbox"/> Delete <b>KING, RANDY E</b> <b>15511 RING OAK LN</b> <b>MONTICELLO, FL 32309</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Webb, Susan C.</b> <b>12408 N. Florida Ave.</b> <b>Tampa, FL 33612</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input type="checkbox"/> Delete <b>WEBB, SUSAN C</b> <b>8736 MCKENDREE RD.</b> <b>WESLEY CHAPEL, FL 33544</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Webb, Susan C.</b> <b>12408 N. Florida Ave.</b> <b>Tampa, FL 33612</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT <input checked="" type="checkbox"/> Delete <b>STOKES, JAMES L</b> <b>5857 EMPIRE CHURCH RD.</b> <b>GROVELAND, FL 34736</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Seals, Jay</b> <b>3867 Avalon Blvd.</b> <b>Milton, FL 32583</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Patterson, Robert E.</b> <b>8305 Fountain Ave.</b> <b>Tampa, FL 33615</b>		
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 information empowered.							
SIGNATURE: <i>Ronald E. Williams</i> <b>Ronald E. Williams 9/30/09 813-920-4076</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <small>Daytime Phone #</small>			

J 10/6