2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2010
Secretary of State

DOCUMENT# N46860

Entity Name: PROVINCIAL ASSOCIATION, INC.

Current Principal Place of Business:

6005 MIDNIGHT PASS RD
APT S-6
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

6005 MIDNIGHT PASS RD
APT S-6
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 59-1854415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACKTMAN, LESLIE R
6005 MIDNIGHT PASS
APT S-6
SARASOTA, FL 34242 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: LESLIE R. LACKTMAN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LACKTMAN, LESLIE
Address: 6005 MIDNIGHT PASS #S6
City-St-Zip: SARASOTA, FL 34242

Title: VPD
Name: MITCHELL, DAVID
Address: 6005 MIDNIGHT PASS RD. N-14
City-St-Zip: SARASOTA, FL 34242

Title: D
Name: MURPHY, JOHN
Address: 6005 MIDNIGHT PASS N 3
City-St-Zip: SARASOTA, FL 34242

Title: TREA
Name: MANJONE, RICHARD L
Address: 6005 MIDNIGHT PASS RD S-1
City-St-Zip: SARASOTA, FL 34242 US

Title: SD
Name: STARCHER, LINDA
Address: 6005 MIDNIGHT PASS APT. S-8
City-St-Zip: SARASOTA, FL 34242

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: LESLIE LACKTMAN PRES 09/30/2010

Electronic Signature of Signing Officer or Director — Date