2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46860

FILED Sep 26, 2011 Secretary of State

Entity Name: PROVINCIAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6005 MIDNIGHT PASS RD

APT S-6

SARASOTA, FL 34242 US

Current Mailing Address: New Mailing Address:

6005 MIDNIGHT PASS RD

APT S-6

SARASOTA, FL 34242 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LACKTMAN, LESLIE R 6005 MIDNIGHT PASS APT S-6

SARASOTA, FL 34242 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: LESLIE 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 R LACKTMAN PRES 09/26/2011