## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	\$	DEPARTMENT OF STATE Secretary of State Ision of corporations		FILED 07 AUG 21 PM 1:46		
DOCUMENT # N9200000120  1. Corporation Name					ALLAMACRES EL COR		
The Florida Federation of the					ALLAHASSEE, FLORIDA		
Theosophical Society in America, Inc				2			
	al Office Address - No P.O. Box# 1 Willow Bridge Loop		office Address Villow Bridge Loop	REI	nstatement oz-o-	7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date incom	porated or Qualified Nov, 4, 1992		
City & State	nton, FL	City & State Ellenton FL		5. FEI Numbe	er Applied For		
7 Country 34222 V.S.A		Ellenton, FL  zip country 34222 U, S. A.		4	6. CERTIFICATE OF STATUS DESIRED Status  SS.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent							
Name Judith Snow-Clewell					The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable) 5974 Willow Bridge Loop				the prior notices. By checking this box, you are certifying the prior notices were not			
Suite, Apt. #, Etc.				receive	received and requesting the reinstatement fee be waived.		
City Ellenton State Zip Code FL 34222				100 00	waives.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered		OW - (L) EGISTERED AG	EWELL SENT MUST SIGN		Date <u>August 17, 2007</u>		
9. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corporations must list at	least 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Ea Officer and/or Direct		City / State / Zip		
Р	Judith Snow-Clewell		5974 Willow Bridge Lo		op Ellenton, FL 3422	又	
T	Mohamed Mokhtar		12581 81 Ave. N.		Sentinole, FL 33776		
5	Barbara Shave		1536 40th Ave.		Vero Beach, FL 329	60	
VΡ	Ginger Jordan		722 Wentworth St		Sebastian, FL 32958		
2 VP	Teddie McKay	da	906 Hemlock	51.		978	
	/	18/5	2	08/21	/0701050003/**376.25	. 18	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  (941)							
SIGNATURE: Quality Show - Clewell Judith Snow - Clewell 8/17/07 531-3879  SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR  Date Dayling Phone #							