

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001915

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Entity Name:** PURPLE HEART SERVICE FOUNDATION, INC.

**Current Principal Place of Business:**

644 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 49  
SUITE I  
ANNANDALE, VA 22003 US

**New Mailing Address:**

**FEI Number:** 59-3184919      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

POOLE, WILLIAM F IV  
644 W. COLONIAL DRIVE  
ORLANDO, FL 32804 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: WILLIAM POOLE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: 1VD ( ) Delete  
Name: SPINELLI, RICHARD L  
Address: 17 7TH STREET  
City-St-Zip: NEW BRUNSWICK, NJ 08901

Title: VD ( ) Delete  
Name: TAYLOR, FREDERICK A JR  
Address: 4213 RACCOON LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD ( ) Delete  
Name: WROOLIE, WILLIAM A  
Address: 1111 LAKEVIEW LANE  
City-St-Zip: BRAINERD, MN 56401

Title: PD ( ) Delete  
Name: BLAYLOCK, JAMES M  
Address: 2227 FORESTGLADE DRIVE  
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: SD ( ) Delete  
Name: SILVANO, AL  
Address: 20 LADY'S WALK  
City-St-Zip: LADYS ISLAND, SC 29907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES BLAYLOCK

PRES

10/16/2009

Electronic Signature of Signing Officer or Director

Date