2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

DOCUMENT # N93000003318 FILED 1. Entity Name THE HEART OF FLORIDA CIVITAN CLUB, INC. 08 NOV 18 AM 9: 43 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FE OOK 1701 LEE RD, #381-L 1701 LEE RD, #381-L WINTER PARK, FL 32789 US WINTER PARK, FL 32789 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number 59-3237266 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRANT, MARCIA 1701 LEE RD, #381-L WINTER PARK, FL 32789 City ORLANDO 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 FILE NOW!!! FEE IS \$61.25 Make check payable to in accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$122.50 Florida Department of State corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Detete TITLE Change ☐ Addition COOK, BJ NAME NAME 800138034188 STREET ADDRESS 2360 SIERRA LN STREET ADORESS CITY-ST-ZIP MAITLAND, FL 327515228 CITY-ST-ZIP 11/18/08--01007--008 **61.25 ☐ Change TITLE ☐ Delete TITLE ■ Addition TERBORG, MARILYN NAME NAME 2717 BOWER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FERRANT, MARCIA LITHE M. KURTZ NAME NAME 2515 LAURA PLACE STREET ADDRESS 1701 LEE RD, #381-L STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 like empowered.

OFFICER OF DIRECTOR