2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000004418

Entity Name: NASGRASS, INC.

FILED Jan 18, 2006 Secretary of State

PO BOX 642

ALVA, FL 33920 US

Current Mailing Address: New Mailing Address:

PO BOX 642 1455 CARRINGTON AVE. ALVA, FL 33920 US SEBRING, FL 33875 US

FEI Number: 65-0444801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GILBERT, JERRY E 12109 PLATANO DRIVE PUNTA GORDA, FL 33455 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: JERRY E. GILBERT

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WHITESIDE, SIDNEY WHITESIDE, SIDNEY Name: Name: 4310 HALL AVENUE Address: 1455 CARRINGTON AVE. Address: City-St-Zip: SEBRING, FL 33875 City-St-Zip: SEBRING, FL 33875 Title: () Delete Title: () Change () Addition Name: MOUNT, BRIAN Name: Address: 1908 WANDA AVENUE NORTH Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: () Delete Title: (X) Change () Addition HUNT, SUSAN J Name: GILBERT, DONNA Name: 14990 ORANGE RIVER ROAD Address: Address: 12104 PLATANO DR. City-St-Zip: FT MYERS, FL 33905 City-St-Zip: PUNTA GORDA, FL 33955 Title: () Delete Title: () Change () Addition GILBERT, JERRY E Name: Name: 12104 PLATANO DRIVE Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 KUHFELDT, DOC
 Name:

 Address:
 5734 RILMA AVENUE
 Address:

 City-St-Zip:
 SARASOTA, FL 34234
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 KUHFELDT, BECKY
 Name:

 Address:
 5734 RILMA AVENUE
 Address:

 City-St-Zip:
 SARASOTA, FL 34234
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SIDNEY L. WHITESIDE PC 01/18/2006