2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000001382

Entity Name: TALL PINES CENTER, INC.

FILED Oct 05, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

100 DUGGAN AVENUE CRESTVIEW, FL 32536

Current Mailing Address: New Mailing Address:

100 DUGGAN AVENUE CRESTVIEW, FL 32536

FEI Number: 59-3233276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

> HINSON, RANDALL H 4862 S. HWY 77 GRACEVILLE, FL, FL 32440 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: RANDALL HINSON 10/05/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change (X) Addition () Delete HINSON, CHARLIE G HINSON, 127HOHRALEEL G Name: Name: Address: P.O. BOX 878 N/A Address: 5835 OLD BETHEL ROAD

City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536

Title: Title: (X) Change (X) Addition () Delete Name: ESTES, TED E Name: KSENOUKY,, REPHETOTRIGIE Address: 100 DUGGAN AVENUE Address: 5093DOKSABADOSAENANEE City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536

Title: () Delete Title: () Change (X) Addition WILLIAMS, RAYMOND E REV.

Name: Name: 5369 HILLCREST Address: Address: City-St-Zip: City-St-Zip: CRESTVIEW, FL 32539

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: CHARLIE HINSON CEO 10/05/2007