2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N9400003693

FILED Mar 16, 2007 Secretary of State

Entity Name: HEALTHY COMMUNITY INITIATIVE OF GREATER ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business:

507 E MICHIGAN STREET 225 E. ROBINSON STREET ORLANDO, FL 32856

SUITE 600

ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

507 E MICHIGAN STREET POST OFFICE BOX 2854 ORLANDO, FL 32856 ORLANDO, FL 32802 US US

FEI Number: 59-3266381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MATEER, WILLIAM G 225 EAST ROBINSON ST SUITE 600 ORLANDO, FL 32801 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: WILLIAM G. MATEER

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GABRIELSON, SCOTT GABRIELSON, SCOTT Name: Name: 225 E ROBINSON #600 Address: 225 E ROBINSON #600 Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 US

Title: ED Title: (X) Change () Addition () Delete LARSEN, RAYMOND L Name: LARSEN, RAYMOND L Name: Address: 507 E MICHIGAN ST Address: 5433 NORTH MILLS AVENUE

City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32803 US Title: () Delete Title: SD (X) Change () Addition

MATEER, WILLIAM G MATEER, WILLIAM G Name: Name:

225 E. ROBINSON ST., SUITE 600 225 E. ROBINSON ST., SUITE 600 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 US

Title: TD () Delete Title: TD (X) Change () Addition TRINH-LE, TO-LAN Name: TRINH-LE, TO-LAN Name:

435 N ORANGE AVE., STE. 400 Address: Address: 1200 DELANEY AVENUE City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32806 US

Title: VCD () Delete Title: (X) Change () Addition KUPPER, JENNIFER CHAPIN, LINDA

Name: Name: HOWARD PHILLIPS HALL, #202 **WDW PO BOX 10000** Address: Address:

City-St-Zip: LAKE BUENA VISTA, FL 32830 City-St-Zip: ORLANDO, FL 32816 US

Title: () Delete Title: () Change (X) Addition

COWLES, BILL Name: Name: Address: Address: 119 WEST KALEY STREET ORLANDO, FL 32806 US City-St-Zip: 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: W. SCOTT GABRIELSON CD 03/16/2007