

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N94000005335</b> 1. Entity Name <b>COMMUNITY LIFE OPTIONS, INC.</b>				<b>FILED</b> <b>06 MAY 15 AM 8:31</b> STATE TREASURY DEPARTMENT	
Principal Place of Business <b>820 AUSTRALIAN STREET MERRITT ISLAND, FL 32953</b>		Mailing Address <b>817 DIXON BLVD., SUITE 9D COCOA, FL 32922</b>			
2. Principal Place of Business <b>1422 Gleneagles Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 8275</b> Suite, Apt. #, etc.			
City & State <b>Rockledge, FL</b> Zip <b>32955</b> Country <b>USA</b>		City & State <b>Cocoa, FL</b> Zip <b>32924</b> Country <b>USA</b>		4. FEI Number <b>59-3276630</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent <b>RIGDON, KENDALL B 317 RIVEREDGE BLVD. COCOA, FL 32922</b>			7. Name and Address of New Registered Agent Name <b>Alva Rendla</b> Street Address (P.O. Box Number is Not Acceptable) <b>1422 Gleneagles Way</b> City <b>Rockledge</b> <b>FL</b> Zip Code <b>32955</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/13/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ALEXANDER, DAVID 820 AUSTRALIAN STREET MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200075222282</b> <b>05/25/06--01012--007 **131.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, JUDY 820 AUSTRALIA STREET MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, REBECCA 1862 BAYLOR COURT COCOA, FL 32922	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wayne Rendla, Chairman 1422 Gleneagles Way Rockledge, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alva Rendla Board of Director 1422 Gleneagles Way Rockledge, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank Rendla Board of Director 5709 Vickery Ave. East Tacoma, WA 98443	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/13/06</b> DAYTIME PHONE # <b>321-258-1967</b>			