2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

04 NOV -9 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # N95000001337

1. Entity Name
FRVTA EDUCATIONAL FOUNDATION, INC.

REINSTATEMENT 04

Principal Place of Business	Mailing Address
401 N. PARSONS AVE. SUITE 107 BRANDON, FL 33510	401 N. PARSONS AVE. SUITE 107 BRANDON, FL 33510

11032004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
10510 Gibsonton Drive Suite, Apt. #, etc.	10510 Gibsonton Drive Suite, Apt. #, etc.
City & State: Riverview, Fl. Zip: 33569 Country: Hillsborough	City & State: Riverview, Fl Zip: 33569 Country: Hillsborough

4. FEI Number 65-0585006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNBAR, MARC 215 S. MONROE ST. 2ND FLOOR TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 X _____ 11-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2005, Fee will be $122.50

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, DELL 4400 N.W. 6TH ST. GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELL SANDERS 12380 NW Hwy 441 Alachua, Fl. 32615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHIDDEN, JIM 17028 US 19 NORTH CLEARWATER, FL 337647531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim WHIDDEN 670 Sparrow Ave Palm Harbor, Fl 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILSON, DAVID LANCE 2440 ROBERTA LANE CLEARWATER, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400042836324 11/17/04--01045--012 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLLY, J. DAVID 17631 NATHANS DRIVE TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD REIGNER, KARLA 11512 HERON HILLS LANE RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Alfonso, Desiree 10510 Gibsonton Drive Riverview, Fl 33569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Lance Wilson DAVID LANCE WILSON 11/5/04 813 741 0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #