

2015 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

15 JUN 22 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06222015 REIN-NP CR2E099 (12/11)

4. FEI Number
59-3344321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, LATONYA M
2522 PREST COURT
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Ernest Sims, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1770 Newman Lane
City Tall FL Zip Code 32312

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6.22-15

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	SIMS, ERNEST JR	
STREET ADDRESS	1770 NEWMAN LANE	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	DAP	<input type="checkbox"/> Delete
NAME	SIMS, ALICE B	
STREET ADDRESS	1770 NEWMAN LANE	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	BENNETT, LATONYA	
STREET ADDRESS	2522 PREST COURT	
CITY - ST - ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	

500274298645
06/22/15--01013--026 **297.50

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

E-MAIL ADDRESS

thewayoftall@gmail.com

K ASHTON