

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000004545

FILED  
Oct 04, 2006  
Secretary of State

Entity Name: NAM KNIGHTS OF ORLANDO, INC.

## Current Principal Place of Business:

3544 GATLIN PLACE  
ORLANDO, FL 32812

## New Principal Place of Business:

## Current Mailing Address:

227 MAGNOLIA AVENUE  
SUITE 204  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: 59-3333593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARDY, HARVEY B  
315 E. ROBINSON STREET  
SUITE 150  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

HARDY, HARVEY B  
1707 ORLANDO CENTRAL PKWY.  
400  
ORLANDO, FL 32809 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: HARVEY B. HARDY

10/04/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CIPOLLA, ALFRED  
Address: 980 ELKCAM BLVD.  
City-St-Zip: COCOA, IL 32927

Title: VD ( ) Delete  
Name: GILBERT, JIM  
Address: 6344 ROYAL OAK DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: STD ( ) Delete  
Name: STARNES, VERNON  
Address: 3544 GATLIN PLACE CIRCLE  
City-St-Zip: ORLANDO, FL 32812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ALFRED CIPOLLA

PD

10/04/2006

Electronic Signature of Signing Officer or Director

Date