2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2006
Secretary of State

DOCUMENT# N96000003236

Entity Name: FLORIDA RUGBY UNION, INCORPORATED

Current Principal Place of Business:

P.O. BOX 99
LAKE HAMILTON, FL 33851

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 99
LAKE HAMILTON, FL 33851

New Mailing Address:

FEI Number: 59-3443520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KITTO, KEVIN J
150 KITTO LANE
DUNDEE, FL 33838 US

Name and Address of New Registered Agent:

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: KEVIN J KITTO

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ETUE, MARK
Address: 3960 NEWPORT AVE B
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD ( ) Delete
Name: SIMMONS, KEN
Address: 1575 PASSAIC AVE
City-St-Zip: FT. MYERS, FL 33901

Title: VD ( ) Delete
Name: OVERDORF, TOBY
Address: 556 RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: O'MALLEY, KERRI
Address: 2211 NW 36TH DRIVE
City-St-Zip: GAINSVILLE, FL 32605

Title: TD ( ) Delete
Name: FERRARIS, GERARDO
Address: 11816 S.W. 90TH TERRACE
City-St-Zip: MIAMI, FL 33186

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:

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

Title: TD (X) Change ( ) Addition
Name: MOMMAERTS, STEVE
Address: 913 ADELPHI COURT
City-St-Zip: FT MYERS, FL 33919

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: STEVE MOMMAERTS TD 10/17/2006

Electronic Signature of Signing Officer or Director — Date