2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000006515

FILED Jan 19, 2009 Secretary of State

Entity Name: SEVEN RIVERS GOLF COURSE SUPERINTENDENTS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 2323 SW 35TH PLACE 1328 SE 16TH STREET OCALA, FL 34471 APT. #7G GAINESVILLE, FL 32608 **New Mailing Address: Current Mailing Address:** 2323 SW 35TH PLACE 1328 SE 16TH STREET APT. #7G OCALA, FL 34471 GAINESVILLE, FL 32608 FEI Number: 91-1391025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: KANN, MARK WATTS, RICK 2323 SW 35TH PLACE 1328 SE 16TH STREET APT 7G OCALA, FL 34471 GAINESVILLE, FL 32608 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: RICK WATTS 01/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KANN, MARK SHAFFER, JIM Name: Name: 2323 SW 35TH PLACE Address: 890 N SABAL PALM WAY Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: INVERNESS, FL 34453 Title: Title: (X) Change () Addition () Delete WATTS, RICK Name: WATTS, RICK D Name: Address: 1328 SE 16TH STREET Address: 1328 SE 16TH STREET City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471 Title: () Delete Title: (X) Change () Addition SHAFFER, JIM ADAMS, DANIEL Name: Name: 12044 KNOTTY PINE LOOP Address: 890 N SABAL PALM WAY Address: City-St-Zip: INVERNESS, FL 34456 City-St-Zip: SAN ANTONIO, FL 33576 Title: () Delete Title: (X) Change () Addition Name: ADAMS, DANIEL Name: JORGENSEN, ANDY 12044 KNOTTY PINE LOOP 5272 SW 115TH LOOP Address: Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: OCALA, FL 34476 Title: () Delete Title: () Change (X) Addition KANN, MARK Name: Name: 2520 W HWY 318 Address: Address: City-St-Zip: City-St-Zip: CITRA, FL 32113

I hereby certify that the information supplied with this filing does not qualify 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: RICK D. WATTS T 01/19/2009