

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000002253

FILED
Oct 26, 2007
Secretary of State

Entity Name: REBUILD, INC.

Current Principal Place of Business:

P.O. BOX 923
WAUCHULA, FL 33873 US

New Principal Place of Business:

4255 STURGEON DR
SEBRING, FL 33870 US

Current Mailing Address:

P.O. BOX 923
WAUCHULA, FL 33873 US

New Mailing Address:

4255 STURGEON DRIVE
SEBRING, FL 33870 US

FEI Number: 65-0754055 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:

MCCRAY, BELINDA J
4255 STARGEON DR.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

MCCRAY, BELINDA J
4255 STURGEON DR.
SEBRING, FL 33870 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: BELINDA J MCCRAY

10/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCRAY, BELINDA J
Address: 4255 STARGEON DR.
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: WALKER, MAGGIE T
Address: 1135 GRAND AVENUE
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: LOUISJEUNE, CARLENE E
Address: 47 MARTIN LUTHER KING
City-St-Zip: WAUCHULA, FL 33873

Title: T () Delete
Name: MILTON, KATHY G
Address: 1348 MARTIN LUTHER KING BLVD
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCRAY, BELINDA J
Address: 4255 STURGEON DR.
City-St-Zip: SEBRING, FL 33870

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

Title: SD (X) Change () Addition
Name: THOMPSON, LOWANDA M
Address: 307 ROBIN AVENUE
City-St-Zip: SEBRING, FL 33872

Title: TD (X) Change () Addition
Name: PATTERSON, MARK
Address: 1518 WOOD VIOLET DR
City-St-Zip: ORLAND, FL 33824

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: BELINDA J MCCRAY

PD

10/26/2007

Electronic Signature of Signing Officer or Director

Date