2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # N97000003252 FLORIDA BEND REGIONAL SAILING ASSOC., INC. 07 OCT -9 PM 1:08 Principal Place of Business Mailing Address SECRETARY OF PLACE 1510 OLD ST. AUGUSTINE RD. 1510 OLD ST. AUGUSTINE RD. TALLAHASSEE, FLORIDA TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number 59-3507120 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUNTING, RONALD A 1510 OLD SAINT AUGUSTINE RD. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 City Zip Code FL 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 FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50 Make check payable to In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. C/D Delete TITLE ☐ Change Addition TITLE NAME BUNTING, RONALD A NAME 40011094 1510 OLD ST AUGUSTINE RD STREET ADDRESS 10/18/07--01019--007 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP D ☐ Delete TITLE TITLE ☐ Change Addition GIBSON, JASON NAME NAME 1510 OLD ST. AUGUSTINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY - ST - ZIP ☐ Defete TITLE ☐ Addition TITLE SUMMERS, PHIL NAME 1168 E. TENNESSEE STREET STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32304 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE SIMPSON, MARK NAME NAME STREET ADDRESS 1814 DACROH DR, APT B STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

RONALLA. BUNTING 10.9-07