2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2009
Secretary of State

DOCUMENT# N97000004484

Entity Name: TALLAHASSEE 25, INC.

Current Principal Place of Business:

603 ACORN GROVE COURT
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11293
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3444030 **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:

SNIFFEN, ROBERT J
118 N GADSDEN STREET
TALLAHASSEE, FL 32301 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: ROBERT SNIFFEN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, APRIL
Address: 603 ACORN GROVE COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD ( ) Delete
Name: O'DONNELL, LISA
Address: 2500 MERCHANTS ROW BOULEVARD #12
City-St-Zip: TALLAHASSEE, FL 32311

Title: SD ( ) Delete
Name: SIMIC, DANIELLA
Address: 2000 NORTH MERIDIAN ROAD #120
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete
Name: MARTINDALE, KATHERINE
Address: 312 WHETHERBINE WAY EAST
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: BROWN, APRIL
Address: 603 ACORN GROVE COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD (X) Change ( ) Addition
Name: TOMASI, JULIA
Address: 2383 RYAN PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD (X) Change ( ) Addition
Name: SMITH, SUZANNE
Address: 105 DAWN LAUREN LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD (X) Change ( ) Addition
Name: MARTINDALE, KATHERINE
Address: 312 WHETHERBINE WAY EAST
City-St-Zip: TALLAHASSEE, FL 32301

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: SUZANNE SMITH TD 11/04/2009

Electronic Signature of Signing Officer or Director — Date