
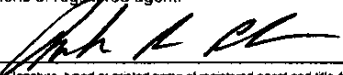
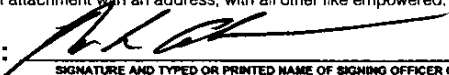


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000000568 1. Entity Name SOUTHEAST BURN FOUNDATION, INC.					
Principal Place of Business 913 SE 5 STREET GAINESVILLE, FL 32601 US			Mailing Address P.O. BOX 140523 GAINESVILLE, FL 32614 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3492595	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOSKINSON, PATRICK 12101 NW CR 236 ALACHUA, FL 32615				7. Name and Address of New Registered Agent Name MARK R. ABLES Street Address (P.O. Box Number is Not Acceptable) 75 SW 75th ST # C1 City GAINESVILLE FL Zip Code 32607	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEMIRE, JEAN 3746 NW 55 PL GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABLES, MARK 75 SW 75th ST #C1 GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXIATIS, JOHN 5113 NW 234 ST NEWBERRY, FL 32669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABLES, SANDRA 75 SW 75th ST #C1 GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSON, DAVE P.O. BOX 100335 GAINESVILLE, FL 32610	<input checked="" type="checkbox"/> Delete	100067012951 03/03/06--01022--020 ***305.95		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOSKINSON, PATRICK 12101 NW CR 236 ALACHUA, FL 32615	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/24/06 Daytime Phone # 352-219-6140	

FILED

06 FEB -7 PM 1:45

SECRET



REINSTATEMENT 05-06
01322006 REIN-NP CR2E099 (11/05)