2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT OF

FILED
05 DEC -5 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. Roberts DEC 05 2005

DOCUMENT # N98000003363

1. Entity Name
MAD DADS OF WAKULLA COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 415 CRAWFORDVILLE, FL 32327	P.O. BOX 415 CRAWFORDVILLE, FL 32327

10182005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-3519068
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, GEORGE 116 SWEETWATER CIRCLE CRAWFORDVILLE, FL 32327	Name Simeon Nelson Street Address (P.O. Box Number is Not Acceptable) 130 Kathy Ann Drive City Crawfordville, FL. 32327 **FL** Zip Code 32327

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 _____ 11/08/05
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, 2006, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	D NELSON, RANDY 134 KATHY ANN DR CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Simeon Nelson 130 Kathy Ann Dr. Crawfordville, FL. 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, GEORGE 116 SWEETWATER CIRCLE CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Herbert Donaldson 232 Lower Bridge Rd. Crawfordville, FL. 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLES, REGINALD E 53 PINK GREEN RD SOPCHOPPY, FL 32358	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robin Sapp P O Box 415 Crawfordville, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, ANDREA 77 FRANK JONES RD. CRAWFORDVILLE, FL 32326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leon Hillman 153 Lower Bridge Rd. Crawfordville, FL. 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANWAY, JULIA 3128 CRAWDFORDVILLE HWY CRAWFORDVILLE, FL 32326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Glen Wade P O Box 34 Crawfordville, FL. 32326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, RON 196 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800062131618 12/14/05--01007--007 **61.25	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Simeon Nelson 11/08/05 850 528-3182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #