## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Section Any Place Register R	DOCUMENT # N9900001542  1. Entity Name TERRA CEIA MANOR TENANTS ASSOCIATION, INC.					05 SECI	FILED JAN -5 PM 4: RETARY GEOTA!			
Suite, Api, #, etc.  City & State  Country  Zip  Country  See Paging and See Paging and See Page Address of Current Registered Agent  THOMAS, VIRGINIA  Seriest Address of Now Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.  Signature  Signature  Full Nowriti FEE IS \$236.25  After January 1, 2005, Fee will be \$225.30  NOTE Registered Agent algorithm registered Agent algorithm registered of light agriculture  NOTE Registered Agent algorithm registered Agent algorithm registered Agent algorithm registered September algorithm registered September algorithm registered September registered September algorithm registered September registered September algorithm registered September registered September registered September registered September algorithm registered September registered September september is Not Acceptable)  Signature of Agent Agent September is Not Acceptable)  DATE  Application of September registered Agent algorithm registered September registered Septembe	5619 BAYSH	ORE RD #441	·	TALL	AHASSEE, ELCE	$\partial \Lambda$				
City & State  Country  Country  Country  Country  Country  Country  Country  S. Country  S. Certificate of Status Desired  S. S. Additional  Fine Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name  Stress Address of Policial of Status Desired  S. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Stress Address of Policial of Status Desired  Thomas Virginia Thomas Stress Address of New Registered Agent  To Virginia Thomas Virginia Thomas Directors  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  FILE NOWITI FEE IS \$236.25  After January 1, 2005, Fee will be \$227.30  ITIE  INME  PD  INME  HIMEBOUGH, JOSEPHINE  TIEL  INME  GARTIMAN, VIRGINIA  SIRET MORESS  GIP BAYSHORE ROAD UNIT 414  FIRET MORESS  GIP ST. 20  CITY-ST. 2P  PALMETTO, FL 34221  TIEL  INME  GARTIMAN, VIRGINIA  SIRET MORESS  GIP ST. 20  CITY-ST. 2P  PALMETTO, FL 34221  TIEL  INME  SIRET MORESS  GIP ST. 20  CITY-ST. 2P  PALMETTO, FL 34221  TIEL  TO  TIEL  TO  TIEL  TO  TIEL  TO  THOMAS  SIRET MORESS  GIP ST. 20  CITY-ST. 2P  PALMETTO, FL 34221  TIEL  TO  THOMAS  SIRET MORESS  GIP ST. 20  CITY-ST. 2P  PALMETTO, FL 34221  TIEL  TO  THOMAS  SIRET MORESS  GIP ST. 20  CITY-ST. 2P  PALMETTO, FL 34221  TIEL  TO  THOMAS  SIRET MORESS  GIP ST. 20  CITY-ST. 2P  PALMETTO, FL 34221  TIEL  TO  THOMAS  SIRET MORESS  GIP ST. 20  CITY-ST. 2P  CITY-ST. 2P  PALMETTO, FL 34221  TIEL  TO  THOMAS  THOMAS  SIRET MORESS  GIP ST. 20  CITY-ST. 2P  CITY-ST. 2P  CITY-ST. 2P  TIEL  TO  THOMAS  THOMAS  THOMAS  THE MORESS  GIP ST. 20  CITY-ST. 2P  TO FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO CITY-ST. 2P  TIEL  TO  THOMAS	Principal Place of Business     3. Mailing Address				<del></del> -					
Signature   PD	Suite, Apt. #, etc. Suite, Apt. #, etc.					11242004 REIN-NP CR2E099 (6/04)				
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  THOMAS, VIRGINIA  Street Address (P.O. Box Number is Not Acceptable)  Set 9 BAYSHORE RD #441  PALMETTO, FL 34221  City  FL Zip Code  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  FILE NOWIL FEE IS \$238.52  After January 1, 20095, Fee will be \$297.50  After January 1, 20095, Fee will be \$297.50  TITLE  NAME  HIMEBOUGH, JOSEPHINE  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 414  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 417  TITLE  VP  PALMETTO, FL 34221  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 407  CITY-ST-2P  PALMETTO, FL 34221  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 414  CITY-ST-2P  PALMETTO, FL 34221  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 414  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 414  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 414  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 414  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 414  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 441  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 441  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 441  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 441  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 441  CITY-ST-2P  PALMETTO, FL 34221  TITLE  TO  Dedde  TITLE  NAME  SIRET ADDRESS  SOFT BAYSHORE ROAD UNIT 4	City & State	9	City & State		4. FEI Number 65-099920	09		<del></del>		
6. Name and Address of Current Registered Agent  THOMAS, VIRGINIA 5619 BAYSHORE RD #441 PALMETTO, FL 34221  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE Signature, hyper of virties remain or registered to 4 specials, port red to 4 specials, port Registered Agent department registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.  Virginia Thomas Virginia	Zip	Country Zip		Cou	untry	_5Certificate of.S	tatus Desired			
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	<u> </u>	····	7. Name and Add	dress of New Registered	<del></del>		
Sired Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Signate, type of prefer and registered agent and the 4 application.  PATE  PLE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  After Jenuary 1, 2005, Fee will be \$297.50  THE NOWITI FEE IS \$23.6.25  THE NOWITI FEE IS \$23.6.25	TUOMAG				Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	5619 BAYSHORE RD #441				Street Address (P.O. Box Number is Not Acceptable)					
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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		<u> </u>	this filing does not qualify f			Section 119.07(3)(i). F	Florida Statutes. I further ce	rtify that the in	formation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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	indicated of the cor	I on this report or supplemental report is rporation or the receiver or trustee emp	s true and accurate and that owered to execute this repo	: my signa rt as requ	ature shall have the	e same legal effect as	s if made under oath; that I	am an officer	or director	
changed, or on an attachment with an address, with all other like empowered.  Josephine Himebough										
SIGNATURE: Josephine Himebough  SIGNATURE: SIGNATURE AND TYPED OF PRENTED NAME OF SIGNANG OFFICER OR DEPICTOR  JOSEPHINE Himebough  JULY 28/10 1/ 9:4/- 723-62-22										