2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002727

FILED May 02, 2013 Secretary of State

Entity Name: ACTION NETWORK OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1001 NE 16TH AVE 1001 NE 16TH AVE

GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 UN

Current Mailing Address: New Mailing Address:

PO BOX 5246

GAINESVILLE, FL 32627

FEI Number: 59-3583996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, JR., SAMUEL 915 SE 19TH ST

GAINESVILLE, FL 32641 US

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: SAMUEL JONES, JR.

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: OFC

Name: JONES, SAMUEL JR. Address: 915 SE 19TH ST

City-St-Zip: GAINESVILLE, FL 32641 US

Title: OFC

 Name:
 THORPE, KEVIN W

 Address:
 2905 SE 21ST AVE

 City-St-Zip:
 GAINESVILLE, FL 32641 US

Title: OFC

Name: JULIEN, ROLAND Address: 500 NE 16 AVE

City-St-Zip: GAINESVILLE, FL 32601

Title: OFC Name: TIM. I

Name: TIM, RAY Address: 3321 NW 45TH AVE.

City-St-Zip: GAINESVILLE, FL 32605 US

Title: DIR

 Name:
 GREEN, SHIRLEY A

 Address:
 2820 NE 17TH TERRACE

 City-St-Zip:
 GAINESVILLE, FL 32609

Title: DIR

 Name:
 WILLIAMS, CHERYL

 Address:
 2020 NE 15TH STREET

 City-St-Zip:
 GAINESVILLE, FL 32609

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL JONES REV. 05/02/2013