2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2005
Secretary of State

DOCUMENT# N99000005251

Entity Name: THE DARRELL ARMSTRONG FOUNDATION FOR PREMATURE BABIES, INC.

Current Principal Place of Business:

6706 MAGNOLIA POINTE CIRCLE
ORLANDO, FL 32810

New Principal Place of Business:

228 DAVENTRY DRIVE
DEBARY, FL 32713

Current Mailing Address:

PO BOX 608833
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 59-3620145 **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:

SHUFFIELD, W. CHARLES ESQ
GATEWAY CENTER 1000 LEGION PLACE
SUITE 1700
ORLANDO, FL 32801 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: CHARLES W. SHUFFIELD

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARMSTRONG, DARRELL
Address: PO BOX 608833
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: RASCOE, THOMAS
Address: PO BOX 608833
City-St-Zip: ORLANDO, FL 32860

Title: D ( ) Delete
Name: KUCK, PAUL
Address: 2300 JETPORT DRIVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS L. RASCOE, JR. MR. 10/11/2005

Electronic Signature of Signing Officer or Director — Date