2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005473

FILED Oct 08, 2009 Secretary of State

Entity Name: WITHAM AIRPORT ACTION MAJORITY, INC.

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

2336 SE OCEAN BLVD. SUITE 172 STUART, FL 34996

Current Mailing Address: New Mailing Address:

2336 SE OCEAN BLVD. SUITE 172 STUART, FL 34996

FEI Number: 65-1000997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

BRODIE, LAWRENCE P
525 CAMDEN AVENUE
STUART, FL 34994 US
SHERLOCK, VIRGINIA P
618 E OCEAN BLVD
STUART, FL 34996 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: VIRGINIA P. SHERLOCK 10/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 SHORE, DAVE
 Name:
 SHORE, BENJAMIN D

 Address:
 42 EMARITA WAY
 Address:
 22 EMARITA WAY

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:
 STUART, FL 34996

Title: VP () Delete Title: () Change () Addition

 Name:
 MELENDEZ, GREG
 Name:

 Address:
 521 SE EDGEWOOD DR.
 Address:

 City-St-Zip:
 STUART, FL 33496
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 SUMMERS, DÓLORES M
 Name:

 Address:
 3748 SW WOODBRIAN LANE
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BENJAMIN D. SHORE PD 10/08/2009