2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005543

FILED Oct 22, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
	NTRAL AVENUE EE, FL 34744	
Current M	lailing Address:	New Mailing Address:
	INTRAL AVENUE EE, FL 34744	
n accordan	: 59-3305246 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did n d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired (ot receive the prior notice. Name and Address of New Registered Agent:
311 N CEN	ON, ALVIN NTRAL AVE EE, FL 34741 US	
	e named entity submits this statement for the eof Florida.	ourpose of changing its registered office or registered agent, or
n the State	e of Florida. RE: ALVIN WOLLISTON	
the State	e of Florida.	
n the State	e of Florida. RE: ALVIN WOLLISTON	
n the State	e of Florida. RE: ALVIN WOLLISTON Electronic Signature of Registered Ag	ent Date
n the State SIGNATUI DFFICER: itte: lame: ddress:	e of Florida. RE: ALVIN WOLLISTON Electronic Signature of Registered Ag S AND DIRECTORS: PD () Delete WOLLISTON, ALVIN 1831 LEE JENZEN DRIVE	ent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTION Title: () Change () Addition Name: Address:
n the State CIGNATUI CIFFICER Ittle: ame: ddress: ity-St-Zip: ittle: ame: ddress:	e of Florida. RE: ALVIN WOLLISTON Electronic Signature of Registered Ag S AND DIRECTORS: PD () Delete WOLLISTON, ALVIN 1831 LEE JENZEN DRIVE KISSIMMEE, FL 34744 VPD () Delete WOLLISTON, BARBARA 1831 LELEE JENZEN DRIVE	ent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTION Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: WOLLISTON, BARBARA Address: 1831 LELEE JENZEN DRIVE

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: ROMANDA MAXWELL D 10/22/2007