2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000006119

FILED Jan 07, 2008 Secretary of State

Entity Name: SENIOR JOB BANK, A NON-PROFIT REFERRAL SERVICE, INC.

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

1383 STEEL BRIDGE ROAD 3787 PALM VALLEY ROAD

MACCLENNY, FL 32063 SUITE 102

PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

1383 STEEL BRIDGE ROAD 3787 PALM VALLEY ROAD

MACCLENNY, FL 32063 PONTE VEDRA BEACH, FL 32082

FEI Number: 22-3856695 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: Name and Address of New Registered Agent:

SUMMERS, ERIC SUMMERS, ERIC

1383 STEEL BRIDGE ROAD 3787 PALM VALLEY ROAD

MACCLENNY, FL 32063 US PONTE VEDRA BEACH, FL 32082 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: ERIC SUMMERS 01/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change() Addition

Name:SUMMERS, ERICName:SUMMERS, ERICAddress:1383 STEEL BRIDGE ROADAddress:3787 PALM VALLEY ROADCity-St-Zip:MACCLENNY, FL 32063City-St-Zip:PONTE VEDRA BEACH, FL 32082

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

Name:SEYMOUR, BAIRDName:SEYMOUR, BAIRDAddress:1435 LAWRENCE PLACEAddress:5461 FT. CAROLINE ROADCity-St-Zip:JACKSONVILLE, FL 32211City-St-Zip:JACKSONVILLE, FL 32277

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: ERIC SUMMERS MR. 01/07/2008