

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000121279 1. Entity Name LET'S MAKE A DIFFERENCE, INC.																																																					
Principal Place of Business 1432 WEST PRINCETON ST ORLANDO, FL 32804			Mailing Address 1432 WEST PRINCETON ST ORLANDO, FL 32804																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																			
City & State Zip		City & State Zip		4. FEI Number 03-0492725																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent BERNATAVITZ, CHRIS A 1432 WEST PRINCETON ST ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 40%;"> PD BERNATAVITZ, CHRIS A 1432 WEST PRINCETON ST ORLANDO, FL 32804 </td> <td style="width: 30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERNATAVITZ, CHRIS A 1432 WEST PRINCETON ST ORLANDO, FL 32804	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 40%;"> 100137711091 11/06/08--01036--012 **150.00 </td> <td style="width: 30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	100137711091 11/06/08--01036--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERNATAVITZ, CHRIS A 1432 WEST PRINCETON ST ORLANDO, FL 32804	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100137711091 11/06/08--01036--012 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 10/26/08 Daytime Phone # 4079990158																																																		

FILED

08 NOV -6 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10232008 REIN-P CR2E098 (1/07)

1176