2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000110987

Entity Name: FAMILY MANAGEMENT CENTRE INC.

FILED Oct 12, 2006 Secretary of State

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

902 LILY AVENUE 2540 S. CRYSTAL LAKE DRIVE HAINES CITY, FL 33844 US LAKELAND, FL 33801

Current Mailing Address: New Mailing Address:

902 LILY AVENUE P O BOX 490

HAINES CITY, FL 33844 US EATON PARK, FL 33840 US

FEI Number: 20-3287793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEUVEL, HARVEY GUICHERIT, STEVEN 1154 JAYBEE AVENUE 236 OAK CHASE PLACE DAVENPORT, FL 33896 US DAVENPORT, FL 33897 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: SFGUICHERIT 10/12/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

TILBORG, ROBBY S TILBORG, ROBBY S Name: Name: 900 LILY AVENUE 2540 S. CRYSTAL LAKE DRIVE Address: Address:

City-St-Zip: HAINES CITY, FL 33844 US City-St-Zip: LAKELAND, FL 33801 US

() Delete Title: VΡ Title: (X) Change () Addition TILBORG-WINTER, VIRGINIA M Name: Name: TILBORG-WINTER, VIRGINIA M

900 LILY AVENUE 2540 S. CRYSTAL LAKE DRIVE Address: Address: HAINES CITY, FL 33844 US LAKELAND, FL 33801 US City-St-Zip: City-St-Zip:

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

TILBORG, FÈLICIA E Name: TILBORG, FELICIA E Name: 900 LILY AVENUE 2540 S. CRYSTAL LAKE DRIVE Address: Address: City-St-Zip: HAINES CITY, FL 33844 US City-St-Zip: LAKELAND, FL 33801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: RTILBORG 10/12/2006