2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000059556

Entity Name: B & B FAMILY, INC.

FILED Mar 12, 2008 Secretary of State

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

P.O. BOX 5025 23100 GLEN AVE

23195 PEACHLAND PT CHARLOTTE, FL 33952 PT CHARLOTTE, FL 33949

Current Mailing Address: New Mailing Address:

P.O. BOX 5025 23100 GLEN AVE

23195 PEACHLAND PT CHARLOTTE, FL 33952

PT CHARLOTTE, FL 33949

FEI Number: 65-0573872 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:

BURGESS, HAROLD E

23195 PEACHLAND

BURGESS, HAROLD E

23100 GLEN AVE

PT CHARLOTTE, FL 33954 US PT CHARLOTTE, FL 33952 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: HAROLD E. BURGESS 03/12/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BURGESS, HAROLD E
 Name:
 BURGESS, HAROLD E

 Address:
 P.O. BOX 5025 NA 495582
 Address:
 23100 GLEN AVE

City-St-Zip: PT CHARLOTTE, FL 33949 City-St-Zip: PT CHARLOTTE, FL 33952

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 BURGESS, CYNTHIA
 Name:
 BURGESS, CYNTHIA

 Address:
 P.O. BOX 5025 NA 495582
 Address:
 23100 GLEN AVE

 City-St-Zip:
 PT CHARLOTTE, FL 33949
 City-St-Zip:
 PT CHARLOTTE, FL 33952

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

 Name:
 WENMAN, BEVERLY
 Name:
 WENMAN, BEVERLY

 Address:
 22 PLACE
 Address:
 SAN ANTONIO LANE

 City-St-Zip:
 NAPLES, FL
 City-St-Zip:
 THE VILLAGES, FL

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD E. BURGESS DP 03/12/2008