2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# P97000006321

Entity Name: NOR OF NORTH FLORIDA, INC.

Current Principal Place of Business:

260 TURKEY CREEK
ALACHUA, FL 32615 US

New Principal Place of Business:

494 TURKEY CREEK
ALACHUA, FL 32615 US

Current Mailing Address:

260 TURKEY CREEK
ALACHUA, FL 32615 US

New Mailing Address:

494 TURKEY CREEK
ALACHUA, FL 32615 US

FEI Number: 24-3441678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, PAMELA R
5400 NW 39TH AVE T-172
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

ROBINSON, PAMELA R
494 TURKEY CREEK
ALACHUA, FL 32615 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: PAMELA R. ROBINSON 09/02/2005
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:

Title: V ( ) Delete
Name: ROSZEL, SUE H
Address: 260 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: P ( ) Delete
Name: ROBINSON, PAMELA R
Address: 494 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: ST ( ) Delete
Name: ROSZEL, DANIEL C
Address: 740 HAWKSBILL ISLAND DR
City-St-Zip: SATELLITE BEACH, FL

Title: V ( ) Delete
Name: WEEKS, JENNIFER R
Address: 340 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615 US

Title: V ( ) Delete
Name: CASSANO, STEPHANIE
Address: 260 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: WEEKS, JENNIFER R
Address: 9238 NW 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: V (X) Change ( ) Addition
Name: CASSANO, STEPHANIE
Address: 5632 ROSEBAY STREET
City-St-Zip: MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA R ROBINSON P 09/02/2005
Electronic Signature of Signing Officer or Director Date