# 2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

#### DOCUMENT# N2000000505

Entity Name: RESTORATION COMMUNITY, INC.

# **Current Principal Place of Business:**

**174 WATERCOLOR WAY** SUITE 103 - 238 SANTA ROSA BEACH, FL 32459

# **Current Mailing Address:**

**174 WATERCOLOR WAY** SUITE 103 - 238 SANTA ROSA BEACH, FL 32459 US

# FEI Number: 84-3860693

# Name and Address of Current Registered Agent:

WALLECK, PHILLIP 174 WATERCOLOR WAY 103-238 SANTA ROSA BEACH, FL 32459 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	E: PHILLIP WALLECK		10/04/2023
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	Ρ	Title	S
Name	WALLECK, PHILLIP	Name	CARLOCK, SARAH
Address	174 WATERCOLOR WAY SUITE 103 - 238	Address	174 WATERCOLOR WAY SUITE 103 - 238
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459
Title	D	Title	D
Name	TURNER, JACOB	Name	SYPERT, JOHN
Address	174 WATERCOLOR WAY SUITE 103 - 238	Address	174 WATERCOLOR WAY SUITE 103 - 238
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459
Title	D	Title	D
Name	HOUSE, TANNER	Name	WALLECK, LINSAY
Address	174 WATERCOLOR WAY SUITE 103 - 238	Address	174 WATERCOLOR WAY SUITE 103 - 238
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459

I hereby 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 all other like empowered.

#### SIGNATURE: PHILLIP WALLECK

10/04/2023

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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