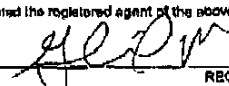
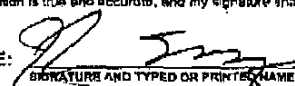


FILED
SECRETARY OF STATE
H08000126172.3
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAY -9 PM 4:20

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000002839 1. Corporation Name Population Connection, Inc.			
2. Principal Office Address - No P.O. Box # 2120 L St NW Suite, Apt. #, etc. Suite 500 City & State Washington, DC Zip 20037		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 9/10/1975		5. FEI Number 94-1703155	
6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status.		7. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite, Apt. #, Etc. Suite 4 City Weston State FL Zip Code 33331	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S. Signature of Registered Agent:  Gabriel Hughes, Assistant Secretary REGISTERED AGENT MUST SIGN Date: 5/9/2008			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	John Seager	2120 L St NW Suite 500	Washington, DC 20037
VP for Media & Public Aff.	Brian Dixon	2120 L St NW Suite 500	Washington, DC 20037
VP for Education	Pam Wasserman	2120 L St NW Suite 500	Washington, DC 20037
Director-Develop.	Shelley Davis	2120 L St NW Suite 500	Washington, DC 20037
10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		05/09/2008 202-332-2200 Date Daytime Phone #	

STATEMENT: 06-06

CR2E081 (12/07)

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

B 5/13/08

H08000126172.3

05/09/2008 16:53 8502058846

CORPDIRECT AGENTS

PAGE 01/02

Division of Corporations

<https://efile.sunbiz.org/scripts/etf1covr.exe>

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000126172 3)))



H080001261723ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000173.86710

CORPORATION REINSTATEMENT

POPULATION CONNECTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$358.75

Electronic Filing Menu

Corporate Filing Menu

Help