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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
H08000126172 3

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.

REINSTATEMEN: 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2120 L St NW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 500			
City & State		City & State	
Washington, DC			
Zip	Country	Zip	Country
20037			

4. Date Incorporated or Qualified To Do Business In Florida: 9/10/1975

5. FEI Number: 94-1703155 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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

☐ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 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 Relations	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: _____ 05/06/2008 202-332-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B 5/13/08

Florida Department of State
Division of Corporations
Public Access System

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

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

000173.86710

CORPORATION REINSTATEMENT

POPULATION CONNECTION, INC.

Certificate of Status	0
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