2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007871

Entity Name: ACHIEVE FOUNDATION, INC.

FILED Sep 29, 2008 Secretary of State

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

2215 E HENRY AVE TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

2215 E HENRY AVE TAMPA, FL 33610

FEI Number: 30-0216715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYALS, KAREN E
2215 E HENRY AVE
TAMPA, FL 33610 US
RYALS, KAREN E
2215 E HENRY AVE
TAMPA, FL 33610 US
TAMPA, FL 33610 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: KAREN E RYALS 09/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition Name: LITRICO, SAL Name: RUBY, JEFF

 Name
 Intrody, SAL
 Name
 ROST, SEPT

 Address:
 702 N FRANKLIN ST
 Address:
 300 W PLATT ST

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33601

Title: VD () Delete Title: VP (X) Change () Addition

Name: HENNING, JIM Name: OLSEN, BOB
Address: 15802 AMBERLY DRIVE Address: 501 E KENNEDY BLVD. SUITE 1700

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: S&TD () Delete Title: SEC (X) Change () Addition

Name:PRYOR, MICHELLEName:GAY, JUDYAddress:601 BAYSHORE BLVDAddress:3715 W HORATIO ST.

City-St-Zip: TAMPA, FL 33601 City-St-Zip: TAMPA, FL 33602

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

Name: COX, SUZANNE

 Address:
 Address:
 1121 N WESTSHORE BLVD

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33607

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

SIGNATURE: JEFF RUBY PRES 09/29/2008