

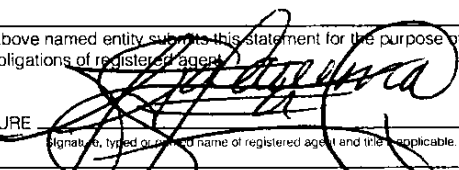
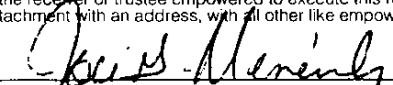


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06000012462</b> 1. Entity Name <b>PROJECT ONE PEOPLE INCORPORATED</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>37 DEC 31 PM 12:15</b>  	
Principal Place of Business 347 NE 26 TER MIAMI, FL 33137		Mailing Address 347 NE 26 TER MIAMI, FL 33137					
2. Principal Place of Business - No P.O. Box # <b>437 NE 29 ST</b>		3. Mailing Address <b>437 NE 29 ST</b>					
Suite, Apt. #, etc. <b>302</b>		Suite, Apt. #, etc. <b>302</b>					
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>205820429</b>		Applied For Not Applicable	
Zip <b>33137</b>		Country <b>U.S.</b>		Zip <b>33137</b>		Country <b>U.S.</b>	
6. Name and Address of Current Registered Agent  <b>SALAVERRIA, ALEX</b> 347 NE 26 TER MIAMI, FL 33137				7. Name and Address of New Registered Agent Name <b>SALAVERRIA, ALEX</b> Street Address (P.O. Box Number is Not Acceptable) <b>437 NE 29 ST, STE 302</b>  City <b>MIAMI</b> FL Zip Code <b>33137</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>(Signature, typed or printed name of registered agent and title, applicable.)</small>				(NOTE: Registered Agent signature required when reinstating)		DATE <b>12/10/07</b>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAVERRIA, ALEX 347 NE 26 TER MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SALAVERRIA, ALEX 437 NE 29 ST, STE 302 MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATULSKI, MARK 20 JANE STREET #2D NEW YORK, NY 10014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HERNANDEZ, GUILLERMO 1521 911th RD, STE 453 MIAMI, FL 33134	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, JOE E JE 2905 S HARR DR SUITE 205 MIDWEST CITY, OK 73110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PINEDA, HENRIETTA 1305 ST TROPIC CIRCLE, STE 2008 WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, RYAN 191 PALM AVE MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GUARD, EDUARDO 1605 BAY ROAD, #304 MIAMI, FL 33134	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, MICHAEL D 1200 BRICKELL AVE SUITE 1620 MIAMI, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900113550899 01/02/08--01034--002 *\$70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT B 11/3/08	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR OF PUBLIC RELATIONS ENRIQUE HERNANDEZ 5871 SW 6 ST MIAMI FL 33144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>12/10/07</b>	
				DAYTIME			