2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N49840

1. Entity Name
LITERACY FLORIDA!, INC.

FILED
06 JUL -5 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 672 COCOA, FL 32923-0672 US	P.O. BOX 672 COCOA, FL 32923-0672 US

05-06
06282006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business	3. Mailing Address
2981 S. Lookout Blvd.	2925 Optimist Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A
City & State: Port Saint Lucie	City & State: Marianna
Zip: 34399 Country: USA	Zip: 32448 Country: USA

4. FEI Number: 59-2974070 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWAFFORD, ELSIE L TRES 4487 LAFAYETTE ST. STE. 4 MARIANNA, FL 32446	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Elsie L. Swafford Elsie L. Swafford - Treasurer 06/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FREER, KEVIN 1372 DUTCH ELM DR. ALTAMONTE SPRINGS, FL 32714	☒ Delete	P Jim Wilder 2981 Lookout Blvd S Port Saint Lucie, FL 34399	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILDER, JIM 2981 S LOOKOUT BLVD. PORT SAINT LUCIE, FL 34984	☒ Delete	VP Sandy Newell 500 S. Brough Street Tallahassee, Fl 32399	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWAFFORD, ELSIE L 4487 LAFAYETTE ST., STE. 4 MARIANNA, FL 32446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEDEL, SHARON 423 NESBITT COURT DAVENPORT, FL 33837	☒ Delete	Sec. Glenda Norvell 283 Trojan Trail Tallahassee, Fl 32311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$7/16	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000077379520 07/12/06--01011--025 **131.25	☐ Change ☐ 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elsie L. Swafford Elsie L Swafford 06/30/2006 800-482-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #