


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000001736 1. Entity Name LITERACY VOLUNTEERS OF WASHINGTON COUNTY, INC.	
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FILED
05 OCT 12 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business WASHI-HOLMES TECH CENTER 757 HOYT ST CHIPLEY, FL 32428 US	Mailing Address P.O. BOX 701 CHIPLEY, FL 32428-0701 US
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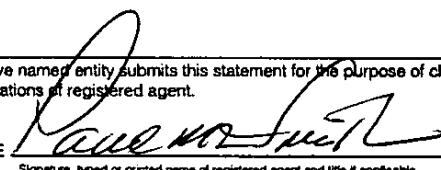
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10102005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-2892850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, PAUL 1583 SOUTH BLVD CHIPLEY, FL 32428	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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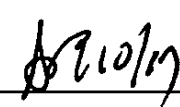
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	PATTON, PAT
STREET ADDRESS	3379 PATE POND RD
CITY-ST-ZIP	VERNON, FL 32462
TITLE	D <input type="checkbox"/> Delete
NAME	LAVENDER, JEANNE
STREET ADDRESS	PO BOX 236
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D <input type="checkbox"/> Delete
NAME	CLARKE, DOROTHY
STREET ADDRESS	1232 SOUTH BLVD.
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D <input type="checkbox"/> Delete
NAME	ENGRAM, ELAINE
STREET ADDRESS	520 MAIN ST
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, GENEVELYN
STREET ADDRESS	PO BOX 30
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	TD <input type="checkbox"/> Delete
NAME	SMITH, PAUL
STREET ADDRESS	1583 SOUTH BLVD
CITY-ST-ZIP	CHIPLEY, FL 32428

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000060548600
STREET ADDRESS	10/12/05--01049--009 **236.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 10/10/05 DAYTIME PHONE # (850) 638-1063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR