


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 9700000 6106

1. Corporation Name
St. Lucie County Human Resource Association, Inc.

2. Principal Office Address PO Box 2033		3. Mailing Office Address PO Box 2033	
City & State Fort Pierce, FL		City & State Fort Pierce, FL	
Zip 34954	Country US	Zip 34954	Country US

REINSTATEMENT 00-04
MRD

4. Date Incorporated or Qualified To Do Business in Florida 10/29/97	Applied For Not Applicable
5. FEI Number 650828540	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Kim McCollam	4/19/04 01074 019 *\$8.75
Street Address (P.O. Box Number is Not Acceptable) 189 NE Sagamore Terrace	900039386523 07/21/04--01070--001 **\$1.25
City Port St. Lucie	4/19/04 01074 019 *\$245.00
State FL	Zip Code 34983

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: *Kim McCollam* Date: 3/12/04

REGISTERED AGENT MUST SIGN

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
P/D	Kim McCollam	189 NE Sagamore Terr	Port St Lucie, FL 34983
PE/D	Stephanie Morgan	6575 NW Pomona Court	Port St Lucie, FL 34983
V/D	Jennifer Keegan	1236D NW Sun Terr. Circle	Port St Lucie, FL 34986
T/D	Diane McMahan	207 SW Elderberry Dr.	Port St Lucie, FL 34953
S/D	Tonya Jackson	4320 SE Cove Lake Circle, Apt. 207	Stuart, FL 34997

10. I certify that I am an officer or director or 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 under section 119.07(3)(i), 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: *Kim McCollam* Date: 3/12/04

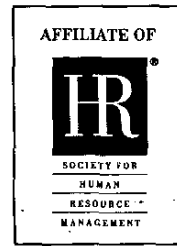
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20081 (10/02)



282

St. Lucie County Human Resource Association



July 13, 2004

To whom this may concern:

Enclosed is the St. Lucie County Human Resources, Inc. corporation reinstatement form along with a \$61.25 check for the remaining balance. I am sending a copy of the original form I sent in previously and have re-signed the form showing original signatures (per Gary). The \$175 reinstatement fee has been waived (per Sean) due to us never having received the mail renewal form.

Also, please note that our mailing address has changed:
St. Lucie County Human Resources Association, Inc.
PO Box 12274
Fort Pierce, FL 34979-2274

If any further information is required, please contact me at 772-409-1305 or email me at kim.mccollam@Scripps.com.

Sincerely,

Kim McCollam, SPHR
President