


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 760325		
1. Entity Name SEAMAN'S OUTREACH SERVICES, INC.		

FILED
06 FEB 15 PM 4:33

SECRETARY OF STATE
REINSTATEMENT 05-06


Principal Place of Business SAILORS SNUG HARBOR WHY 70 EAST P.O. BOX 150 SEA LEVEL, NC 28577 US	Mailing Address SAILORS SNUG HARBOR WHY 70 EAST P.O. BOX 150 SEA LEVEL, NC 28577 US
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2. Principal Place of Business 230 E Poplar St Suite, Apt. #, etc.	3. Mailing Address 230 E Poplar St Suite, Apt. #, etc.
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02112006 REIN-NP CR2E099 (11/05)

City & State Manning, NC	City & State Manning, NC	4. FEI Number 59-2263586	Applied For Not Applicable
Zip 27030	Country USA	Zip 27030	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, MARIE P 901 SW 128 AVE APT 113E PEMBROKE PINES, FL 33027

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 _____
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROBERT E L 272 HWY 70 P.O. BOX 150 SEALEVEL, NC 28577 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800066254488 02/21/06--01015--030 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TAYLOR, NANCY C 230 EAST POPLAR ST MOUNT AIRY, NC 27030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, THERESA 1713 WIMBERWAY DR. MIDLOTHIAN, VA 23114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Theresa Gray <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1713 Winbury Dr Middleham, VA 23114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROBERT M 2603 DILLWOOD DR. ATLANTA, GA 30305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert M Taylor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3560 N Bay Homes Dr Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____