

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000003546

FILED  
Oct 13, 2005  
Secretary of State

**Entity Name:** THE PRO FOUNDATION, INC.

**Current Principal Place of Business:**

812 RUSSELL STREET  
SUITE 200  
COVINGTON, KY 41011

**New Principal Place of Business:**

**Current Mailing Address:**

812 RUSSELL STREET  
SUITE 200  
COVINGTON, KY 41011

**New Mailing Address:**

**FEI Number:** 37-1479278      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PALMA, ANTHONY  
C/O BROAD & CASSELL  
390 NORTH ORANGE AVE. SUITE 1100  
ORLANDO, FL 32801 US

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.

SIGNATURE: ANTHONY PALMA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: DAWSON, DERMONTI  
Address: 24 AVE. OF CHAMPIONS  
City-St-Zip: NICHOLASVILLE, KY 40356

Title: DV ( ) Delete  
Name: POOL, DAVID  
Address: 100 TODD STREET, APT. #14  
City-St-Zip: CAMPBELLSVILLE, KY 42718

Title: DS ( ) Delete  
Name: NIEMEYER, JONATHAN  
Address: 812 RUSSELL STREET  
City-St-Zip: COVINGTON, KY 41011

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERMONTTI DAWSON

PRES

10/13/2005

Electronic Signature of Signing Officer or Director

Date