

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000000076	
1. Entity Name REACH ONE, TEACH ONE OF AMERICA, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG -1 PM 8:26

REINSTATEMENT 06-07



Principal Place of Business 410 VICTOR GARDEN DRIVE TALLAHASSEE, FL 32301	Mailing Address 410 VICTOR GARDEN DRIVE TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 1800 Micossakee Commons	3. Mailing Address Dr
Suite, Apt. #, etc. 1008	Suite, Apt. #, etc. 1008
City & State Tallahassee	City & State FL
Zip 32308	Country Leon

07182007 REIN-NP CR2E099 (1/07)

4. FEI Number 63-1168841	Applied For <input type="checkbox"/> Not Applicable
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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 WALKER, WALTER W 410 VICTOR GARDEN DRIVE TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name 1800 Micossakee Commons Dr 1008 Street Address (P.O. Box Number is Not Applicable) City Tallahassee FL Zip Code 32308	
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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 7-27-2007

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	P WALKER, WALTER W 410 VICTOR GARDEN DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700107466787 08/07/07--01057--026 **122.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, CORNELIA D 410 VICTOR GARDEN DRIVE TALLAHASSEE, FL 32301 <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	ST JOHNSON, NADINE 410 VICTOR GARDEN DRIVE TALLAHASSEE, FL 32301 <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
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: 	DATE 7-27-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #