2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000000559

1. Entity Name
FLORIDA BUSINESS PARTNERS FOR JUVENILE JUSTICE, INC.

FILED
05 JUL 11 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2737 CENTERVIEW DR., STE. 309 TALLAHASSEE, FL 32399-3100	2737 CENTERVIEW DR., STE. 309 TALLAHASSEE, FL 32399-3100

07052005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
2737 CENTERVIEW DR.	2737 CENTERVIEW DR.
Suite, Apt. #, etc.: STE. 302	Suite, Apt. #, etc.: STE. 302
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32399-3100 Country: USA	Zip: 32399-3100 Country: USA

4. FEI Number: 59-3623272 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, KAY G 2737 CENTERVIEW DRIVE SUITE 309 TALLAHASSEE, FL 32399	Name: DEBORAH L. BURGESS Street Address (P.O. Box Number is Not Acceptable): 2737 CENTERVIEW DR., STE. 302 City: TALLAHASSEE FL Zip Code: 32399

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: D Burgess Deborah L Burgess Exccutive Director 7/6/15
(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. DB

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, KAY G 2737 CENTERVIEW DR., STE 309 TALLAHASSEE, FL 32399	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR (D) DEBORAH L. BURGESS 2737 CENTERVIEW DR., STE. 302 TALLAHASSEE, FL 32399 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLCOMB, KYM G 2737 CENTERVIEW DR., STE 220 TALLAHASSEE, FL 32399	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/18/04 09032 004 $61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOVE, RODERICK A 2737 CENTERVIEW DR., STE 220 TALLAHASSEE, FL 32399	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600057664766 07/19/05--01043--013 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DB 7/6/15
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

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SIGNATURE: D Burgess Deborah L Burgess Exccutive Director 7/6/15 4871566
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #