

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000003398

1. Entity Name  
PEOPLE REACHING OUT, INC.



FILED

04 NOV 29 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14070 E J PAIGE ROAD  
SANDERSON, FL 32087

Mailing Address  
14070 E J PAIGE ROAD  
SANDERSON, FL 32087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number  
59-3636761

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, JOANN H  
14070 E J PAIGE ROAD  
SANDERSON, FL 32087

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25  
After January 1, 2005, Fee will be \$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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
CHERRY, GLEN  
556 TIMBERLANE DRIVE  
MACCLENNY, FL 32063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LEWIS, LEONARD E  
PO BOX 262  
SANDERSON, FL 32087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WILLIAM, SYLVIA  
PO BOX 32  
SANDERSON, FL 32087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WALLACE, ALMEDA  
PO BOX 368  
SANDERSON, FL 32087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LEWIS, JOANN H  
14070 E J PAIGE ROAD  
SANDERSON, FL 32087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FADLEY, JEFFERY JD  
809 SOUTH EAST 15TH STREET  
OKEECHOBEE, FL 34974 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500043047265  
11/29/04--01071--005 \*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE: *Leonard E. Lewis* LEONARD E. LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-04

Date

904-275-2879

Daytime Phone #