PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State !

DIVISION OF CORPURATIONS

1000004267 DOCUMENT

1. Corporation Name

PROJECT PROVIDENCE INC.

Principal Place of Business

Mailing Address

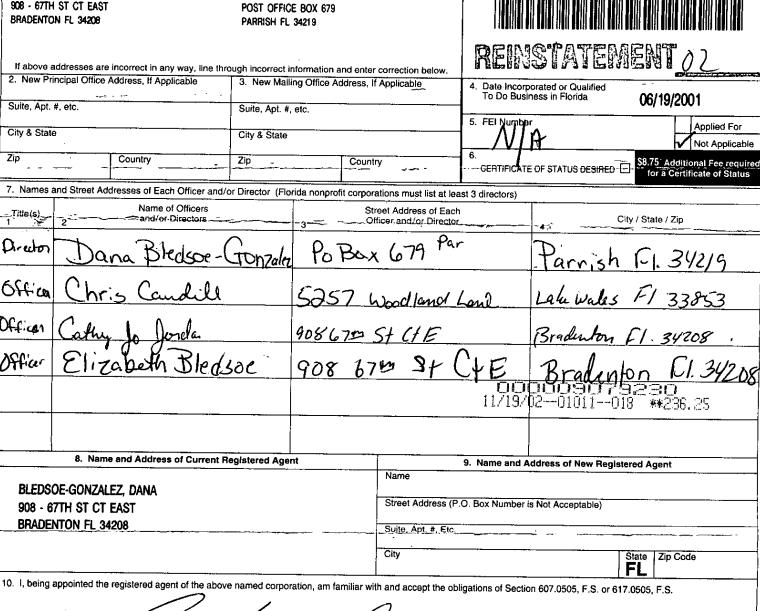
908 - 67TH ST CT EAST

POST OFFICE BOX 679

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02 DEC 12 PH 12: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINT

REGISTERED

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CR2E040 (8/02)