

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/06--01013--003 **420.00

REINSTATEMENT 02-06 JSC

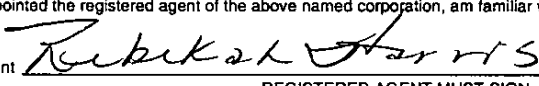
CR2E081 (8/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01000007870			
1. Corporation Name Citizens For Good Leadership, Inc.			
2. Principal Office Address 320 Cedar Street Suite, Apt. #, etc.		3. Mailing Office Address 320 Cedar Street Suite, Apt. #, etc.	
City & State Destin, FL		City & State Destin, FL	
Zip 32541	Country Okaloosa	Zip 32541	Country Okaloosa

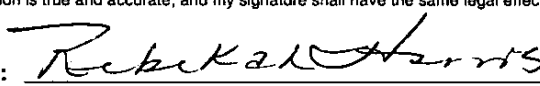
4. Date Incorporated or Qualified To Do Business in Florida 11/5/2001	
5. FEI Number 59-3757748	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Rebekah Harris	
Street Address (R.O. Box Number is Not Acceptable) 320 Cedar Street	
Suite, Apt. #, Etc.	
City Destin	State FL
Zip Code 32541	

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 12/21/05
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rebekah Harris	320 Cedar Street	Destin, FL 32541

10. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: 	12/21/05 850-585-2803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #