2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002471

Name:

Address: City-St-Zip: MOLNAR, YOUVELA

402 WEST BOYNTON BEACH BLVD

BOYNTON BEACH, FL 33435

Entity Name: TRANSITIONAL OUTREACH PROGRAM, INC.

FILED Sep 26, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1555 MLK F-107 RIVIERA E	BLVD. BEACH, FL 33404			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
1555 MLK RIVIERA E	BLVD. BEACH, FL 33404	1117 W 31ST STREE RIVIERA BEACH, FL		
In accordan	: 71-0875882 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did r		Certificate of Status Desired (X)	
Name and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
1555 MLK F-107	/ANESTHER BLVD. BEACH, FL 33404 US			
	e named entity submits this statement for the e of Florida.	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: VANESTHER HAILES			
	Electronic Signature of Registered Ag	gent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () Delete HAILES, VANESTHER 1555 MLK BLVD. RIVIERA BEACH, FL 33404	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete SEARS, FREDERICK 2627 NW 4TH AVE OCALA, FL 34475	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete BUSH, KIMBERLY 6462 BAY ISLAND COURT WEST PALM BEACH, FL 33415	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete WOODSIDE, MACQUA Y 1204 PINE SAGE CIRCLE WEST PALM BEACH, FL 33409	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DIR () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: VANESTHER HAILES PD 09/26/2007