

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 10 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000006399

**1. Corporation Name**

The Project Reach Foundation, Inc.

**2. Principal Office Address**

3100 South University

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 318

**City & State**

Jacksonville, Fla.

**City & State**

**Zip**

32216

**Country**

Duval

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/22/2

**5. FEI Number**

46-0497609

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Jimmie A. Johnson

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

4359 Homer Road

**Suite, Apt. #, Etc.**

**City**

Jacksonville,

**State**  
FL

**Zip Code**

32209

**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**

*Jimmie A. Johnson*

REGISTERED AGENT MUST SIGN

**Date**

5/6/4

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	Jimmie A. Johnson	4359 Homer Road	Jacksonville, Fl. 32209
VP	Roy Mitchell	8214 Old Port Circle	Jacksonville, Fl 32216
D	Rev. Ernest Griffin	2030 Dean Avenue	Jacksonville, Fl. 32208
T	Carrie Davis	3857 Mission Drive	Jacksonville, Fl. 32216
D	Dr. David Thomas	2100 Dunn Avenue	Jacksonville, Fl. 32218
D	Matt Carlucci	1532 Alexandria Place So.	Jacksonville, Fl. 32207

**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**

*Jimmie A. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/4

**Date**

904-721-0042

**Daytime Phone #**

**9.) Names and Street Addresses of Each Officer and/or Director Continued:**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Mz. Donna Rash-Sawyer	639 Long Branch Blvd.	Jacksonville, Fl. 32206
D	Edna Washington	3630 McMillian Avenue	Jacksonville, Fl. 32208
D	Ellen Bushnell, C.P.A.	3545-2 South St. Johns Bluff	Jacksonville, Fl. 32256
D	Betty Holdenzdorf	3041 Woodland Road	Jacksonville, Fl. 32209
D	Atty. A. Wellington Barlow	1403 Dunn Avenue	Jacksonville, Fl. 32218
D	Dr. Gary Williams	3990 Loretto Road	Jacksonville, Fl. 32218
D	Dr. Steven Bloumfield	3725 S. Duport Station Ct.	Jacksonville, Fl. 32256
D	Constance Hall	2150 Commonwealth Avenue	Jacksonville, Fl. 32209