2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006399

FILED Jan 18, 2006 Secretary of State

Entity Name: THE PROJECT REACH FOUNDATION, INC.

varrent F	Principal Place of Rusiness:	New Principal Pla	co of Rusinoss:
	Principal Place of Business:	new Fillicipal Pla	re of Busiliess.
SUITE 318	NIVERSITY 8 IVILLE, FL 32216		
	//Aailing Address:	New Mailing Addr	ecc.
	_	New Maining Addi	
SUITE 318	NIVERSITY B IVILLE, FL 32216		
n accordar	nce with s. 607.193(2)(b), F.S., the corporation did not receive		Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address	s of New Registered Agent:
4359 HON	N, JIMMIE A MER ROAD NVILLE, FL 32209 US		
	e named entity submits this statement for the purpos e of Florida.	e of changing its registe	ered office or registered agent, or both
SIGNATU	RE: JIMMIE JOHNSON		
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTO
Title:	P () Delete JOHNSON, JIMMIE A	Title:	() Change () Addition
Address:	4359 HOMER ROAD JACKSONVILLE, FL 32209	Name: Address: City-St-Zip:	
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Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	4359 HOMER ROAD JACKSONVILLE, FL 32209 V () Delete MITCHELL, ROY 8214 OLD PORT CIRCLE	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address: Address: Address:	4359 HOMER ROAD JACKSONVILLE, FL 32209 V () Delete MITCHELL, ROY 8214 OLD PORT CIRCLE JACKSONVILLE, FL 32216 D () Delete GRIFFIN, ERNEST 2030 DEAN AVE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	• • • • • • • • • • • • • • • • • • • •
Address: City-St-Zip: Fitle: Name: Address:	4359 HOMER ROAD JACKSONVILLE, FL 32209 V () Delete MITCHELL, ROY 8214 OLD PORT CIRCLE JACKSONVILLE, FL 32216 D () Delete GRIFFIN, ERNEST 2030 DEAN AVE JACKSONVILLE, FL 32218 T () Delete DAVIS, CARRIE 3857 MISSION DR	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: REGINALD LAMAR BROWN DIR 01/18/2006