## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000002064

FILED May 01, 2006 Secretary of State

Entity Name: PUBLIC SAFETY ACADEMY HOUSING, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	EYARD DRIVE SSEE, FL 32304		
Current Mailing Address:		New Mailing Address:	
	EYARD DRIVE SSEE, FL 32304		
In accordar	:: 36-4549759 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:	-	c ( ) Certificate of Status Desired ( ) ress of New Registered Agent:
	LIAM D EYARD DRIVE SSEE, FL 32304 US		
	e named entity submits this statement for the purpos e of Florida.	e of changing its reg	gistered office or registered agent, or bot
SIGNATU	RE: WILLIAM LAW		
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	D () Delete PAYNE, JOHN 3016 WINDY HILL LANE TALLAHASSEE, FL 32308	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
,			
Title: Name: Address:	D ( ) Delete SEWELL, JAMES 2331 PHILLIPS ROAD TALLAHASSEE, FL 32308	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address:	SEWELL, JAMÉS 2331 PHILLIPS ROAD	Name: Address:	()Change ()Addition ()Change ()Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SEWELL, JAMES 2331 PHILLIPS ROAD TALLAHASSEE, FL 32308  D () Delete MCARTHUR, STEVE 373 ROB ROY TRAIL	Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	SEWELL, JAMES 2331 PHILLIPS ROAD TALLAHASSEE, FL 32308  D () Delete MCARTHUR, STEVE 373 ROB ROY TRAIL TALLAHASSEE, FL 32312  D () Delete MURDAUGH, JAMES 85 ACADEMY DRIVE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) 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: JIM MURDAUGH OFFI 05/01/2006