

## The seal of the State of Florida is a circular emblem. It features a central shield with a palm tree on the left and a sun rising over a body of water on the right. The shield is flanked by two female figures representing Justice and Liberty. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

SEP 27 AM 10:00

RECEIVED  
TALLAHASSEE, FLORIDA  
04-95

[illegible]

06272005 REIN-NP 7.600e CR2E099-(6/04) 8 2005

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N03000003666</b><br>1. Entity Name<br><b>SEBRING HIGH SCHOOL PROJECT GRADUATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |             |                                                                                                                                                                                                              | <b>FILED</b><br><b>SEP 27 AM 10:00</b><br>TALLAHASSEE, FLORIDA<br>REINSTATEMENT 04-00                                         |  |
| Principal Place of Business<br><b>211 RAVEN AVE<br/>SEBRING, FL 33872</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | Mailing Address<br><b>P O BOX 583<br/>SEBRING, FL 33871</b>                                  |                                                                                                                                                                                                              | <br><b>06272005 REIN-NP 099-6/04 8 2005</b> |  |
| 2. Principal Place of Business<br><b>2422 S. Highlands Ave</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | 3. Mailing Address<br>Suite, Apt. #, etc.                                                    |                                                                                                                                                                                                              | 4. FEI Number<br><b>65-0531845</b><br>Applied For<br>Not Applicable                                                           |  |
| City & State<br><b>Sebring, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | City & State                                                                                 |                                                                                                                                                                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                               |  |
| Zip<br><b>33870</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                         | Zip                                                                                          | Country                                                                                                                                                                                                      |                                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>JAMES F. MCCOLLUM, P.L.<br/>129 S COMMERCE AVE<br/>SEBRING, FL 33870</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                              | 7. Name and Address of New Registered Agent<br>Name <b>Wendy White</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2422 S. Highlands Ave</b><br>City <b>Sebring</b> FL Zip Code <b>33870</b> |                                                                                                                               |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <b>Wendy White</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>9-26-05</b><br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                   |                                                                                                               |                                                                                              |                                                                                                                                                                                                              |                                                                                                                               |  |
| <b>FILE NOW!!! FEE IS \$122.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                                                                                                                                              | Make check payable to<br><b>Florida Department of State</b>                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                        |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>DAWES, SHERRY<br>700 ROANOKE PLACE<br>SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | Julia Mercer, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3806 Hall Ave<br>Sebring, FL 33875                                                                   |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DV<br>DECKER, BELINDA<br>211 RAVEN AVE<br>SEBRING, FL 33872 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | VP Rhonda Berish <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>505 Mac Lane<br>Sebring, FL 33875                                                                           |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DT<br>SCHOONOVER, DEBBIE<br>8009 PINE GLEN RD<br>SEBRING, FL 33876 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | Secretary Marylene Welborn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3308 Lincoln Blvd<br>Sebring, FL 33875                                                            |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DS<br>HALEY, KATHY<br>P O BOX 583<br>SEBRING, FL 33871 <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | Treasurer Wendy White <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2422 S. Highlands Ave<br>Sebring, FL 33870                                                             |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | 000060126110<br>10/03/05--01005--001 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |                                                                                                                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                               |                                                                                              |                                                                                                                                                                                                              |                                                                                                                               |  |
| SIGNATURE: <b>Wendy White</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                              | 9-26-05 863-471-9775<br>Date Daytime Phone #                                                                                                                                                                 |                                                                                                                               |  |