2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2007
Secretary of State

DOCUMENT# N03000008698

Entity Name: PROJECT SMILE / PROYECTO SONRISA OF MANATEE, INC.

Current Principal Place of Business:

1904 18TH ST CT E
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

PO BOX 233
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 20-0124375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, OLGA L
1904 18 STREET COURT EAST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE: OLGA L. BENNETT

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURKE, AVERY D
Address: 923 49 AVE EAST
City-St-Zip: BRADENTON, FL 34203

Title: VD ( ) Delete
Name: PATE, KRISTEN M
Address: 1105 22 AVE WEST
City-St-Zip: PALMETTO, FL 34221

Title: TD (X) Delete
Name: FAIRFIELD, NANCY
Address: 4504 56 ST WEST
City-St-Zip: BRADENTON, FL 34210

Title: ST ( ) Delete
Name: BENNETT, OLGA L.
Address: 1904 18TH ST. CT. E
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: OLGA L. BENNETT ST 09/19/2007

Electronic Signature of Signing Officer or Director — Date