2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002627

1. Entity Name
YELLOW MEDICINE HOOP OUTREACH SOCIETY, INC.

FILED
06 MAR 14 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1329 PANGOLA DR JACKSONVILLE, FL 32205	1329 PANGOLA DR JACKSONVILLE, FL 32205

REINSTATEMENT
01232006--REIN-NP CR2E099 (11/05) 25.00

2. Principal Place of Business	3. Mailing Address
21715 NE 130th Ct. Rd.	P.O. Box 316
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE SPRINGS, FL	City & State: ORANGE SPRINGS, FL
Zip: 32182 Country: USA	Zip: 32182 Country: USA

4. FEI Number: 36-4549379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DYSON, E ROSE 21449 NE 130 CT RD ORANGE SPRINGS, FL 32182	Name: PATRICIA A. ROBINSON Street Address (P.O. Box Number is Not Acceptable): P.O. Box 316 21715 NE 130th Ct Rd City: ORANGE SPRINGS FL Zip Code: 32182

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.

SIGNATURE: Patricia Robinson PATRICIA A. ROBINSON 1/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBSINSON, HIRAM L 1329 PANGOLA DR JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21715 NE 130th Ct Rd ORANGE SPRINGS FL 32182 P.O. Box 316 ORANGE SPRINGS, FL 32182 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DYSON, GEORGE L P.O. BOX 432 ORANGE SPRINGS, FL 32182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300068561703 03/24/06--01007--015 **122.50 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBINSON, PATRICIA A 1329 PANGOLA DR JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21715 NE 130th Ct Rd ORANGE SPRINGS FL 32182 P.O. Box 316 ORANGE SPRINGS, FL 32182 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DYSON, E ROSE P.O. BOX 432 ORANGE SPRINGS, FL 32182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 2/6/06 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia Robinson PATRICIA A. ROBINSON 1/23/06 352-546-5654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAR 17 2006