

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005458

FILED
Oct 25, 2006
Secretary of State

Entity Name: PSYCHOLOGICAL RESILIENCE ENHANCEMENT PROGRAM INC.

Current Principal Place of Business:

2397 SE 12 STREET
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2397 SE 12 STREET
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-2926682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLATOFF, ROBERT T ESQ.
C/O FRANK, WEINBERG & BLACK, P.L.
7805 SW 6TH COURT
PLANTATION, FL 33324 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: ROBERT T. SLATOFF

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERRY, JOSEPH
Address: 2397 12TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: GEORGE, SHAYEN
Address: 1370 S OCEAN DR
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: SALOOM, LOUIS
Address: 1370 S OCEAN DR
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: JOHNSON, KENNETH R
Address: 10130 SE 3 STREET
City-St-Zip: PLANTATION, FL 33324

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 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: JOSEPH PERRY

D

10/25/2006

Electronic Signature of Signing Officer or Director

Date