



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000005542 1. Entity Name VOICE COALITION, INC.						FILED 07 SEP 14 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400109457014 09/14/07--01041--011 **131.25 	
Principal Place of Business 4401 WESCONNETT BLVD 2ND FLOOR JACKSONVILLE, FL 32210				Mailing Address 4401 WESCONNETT BLVD 2ND FLOOR JACKSONVILLE, FL 32210			
2. Principal Place of Business - No P.O. Box # 4160 WOODCOCK DR		3. Mailing Address 4160 WOODCOCK DR		REINSTATEMENT 06-07 09032007 FEB 14 2008 09/10/07			
Suite, Apt. #, etc. 2D FLOOR		Suite, Apt. #, etc. 2D FLOOR					
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL					
Zip 32207		Zip 32207					
Country USA		Country USA		4. FEI Number 20-2938491		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PEEK, DAVID H. 1301 RIVERPLACE BLVD SUITE 1609- JACKSONVILLE, FL 32207			
7. Name and Address of New Registered Agent Name PATRICIA VAIL Street Address (P.O. Box Number is Not Acceptable) 5709 ST ISABEL DR City JACKSONVILLE FL Zip Code 32277				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 <i>Patricia Vail</i> PATRICIA VAIL 9/3/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	D BRACKENRIDGE, HERBERT A JR 4401 WESCONNETT BLVD 2ND FLOOR JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBBIE DUNN 4160 WOODCOCK DR 2D FL JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAIL, PATRICIA 4401 WESCONNETT BLVD 2ND FLOOR JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 5709 ST. ISABEL DR JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, NANCY 4401 WESCONNETT BLVD 2ND FLOOR JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 4160 WOODCOCK DR-2D FL JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Malin</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETSY CLARK 4160 WOODCOCK DR JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERRI PRATT. HARMON 4160 WOODCOCK DR JACKSONVILLE, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISKE LOGAN 4160 WOODCOCK DR JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <i>Patricia Vail</i> PATRICIA VAIL				9/12/07 904-743-5892			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			