2006 NOT-FOR-PROFIT CORPORATION. REINSTATEMENT

FILED DOCUMENT # N05000012786 CENTRAL FLORIDA JOBS WITH JUSTICE, INC. 2006 DEC 18 AM 11: 24 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 7001 LAKE ELLENOR DRIVE, SUITE 130 7001 LAKE ELLENOR DRIVE, SUITE 130 ORLANDO, FL 32809 ORLANDO, FL 32809 3. Mailing Address 2738 FOYSYTH Road 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 12122006 REIN-NP CR2E099 (11/05) 4. FEI Number 20-1449852 City & State Applied For City & State Park, Fiorida Winter Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANCOCK, PHYLLIS Address (P.O. Box Number is Not Acceptable) OOL LAKE Ellenor Drive 7001 LAKE ELLENOR DRIVE, SUITE 130 ORLANDO, FL 32809 Zip Code 309 8. The above named entity submitts 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 regis 12-13-06 DATE SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$122.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Gary Kolson - President/Dichange C 2526 Lemontree Lane 10. OFFICERS AND DIRECTORS TITLE Delete TITLE HANCOCK, PHYLLIS NAME NAME STREET ADDRESS 5418 LAKE MARGARET DRIVE, APT. #1024 STREET ADDRESS Orlando, FL 32822 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32812 Vice President/Director Jennifer Kenny 1940 Traylor Blvd TITLE Delete TITLE Change ☐ Addition KOLSON, GARY NAME NAME 2526 LEMONTREE LN STREET ADDRESS STREET ADDRESS Orlando FL 32804 CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-ZIP Treasurer TITLE TITLE Delete Change ☐ Addition Debra Booth 917 Bloomington Ct OCOEE FL 34761 WOODALL, DIANA NAME NAME 5942 PINTO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 12/18/06--01005--001 **70.Ú0 BOWER, BETTY NAME NAME 7352 WOODWORTH WAY STREET ADDRESS 900082583129 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

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: Alwa M. Bouth, DEBRA BOOTH
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-04 H07-492-0168
Date Daylime Phone # \1