



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000005842 1. Entity Name ORIGIN OF LIFE FAIRNESS IN PUBLIC SCHOOLS, INC.						FILED 07 DEC 28 PM 2:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10391 BIGTREE CIRCLE EAST JACKSONVILLE, FL 32257				Mailing Address 10391 BIGTREE CIRCLE EAST JACKSONVILLE, FL 32257			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				 REINSTATEMENT 07 1102007 REIN-NP CR2E099 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country		4. FEI Number 76-0829936		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HUEY, HARRIS RANDEL JR. 10391 BIGTREE CIRCLE EAST JACKSONVILLE, FL 32257				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>Harris R. Huey Jr.</i></u> <u><i>(Harris R. Huey Jr.)</i></u>				DATE <u><i>12-27-07</i></u>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	<i>Director/CEO</i>		
STREET ADDRESS				STREET ADDRESS	<i>Harris R. Huey Jr.</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>P.O. Box 600018</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>JACKSONVILLE FL 32260</i>		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	<i>Director</i>		
STREET ADDRESS				STREET ADDRESS	<i>Michael Alice Snyder</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>PO Box 600018</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>JACKSONVILLE FL 32260</i>		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	<i>Director</i>		
STREET ADDRESS				STREET ADDRESS	<i>Robert Clarence Bayard</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>PO Box 600018</i>		
CITY-ST-ZIP				CITY-ST-ZIP	<i>JACKSONVILLE FL 32260</i>		
TITLE	<input type="checkbox"/> Delete			500113469595 12/28/07--01014--006 **61.25			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-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: <u><i>Harris R. Huey Jr.</i></u> <u><i>(Harris R. Huey Jr.)</i></u>				DATE: <u><i>12-27-07</i></u>		DAYTIME PHONE #: <u><i>904-304-9145</i></u>	

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