

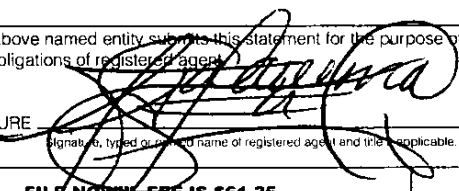
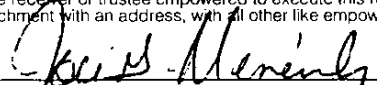


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06000012462</b> 1. Entity Name <b>PROJECT ONE PEOPLE INCORPORATED</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>37 DEC 31 PM 12:15</b>  			
Principal Place of Business 347 NE 26 TER MIAMI, FL 33137				Mailing Address 347 NE 26 TER MIAMI, FL 33137					
2. Principal Place of Business - No P.O. Box # <b>437 NE 29 ST</b>		3. Mailing Address <b>437 NE 29 ST</b>		Suite, Apt. #, etc. <b>302</b>		Suite, Apt. #, etc. <b>302</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>205820429</b>		Applied For Not Applicable			
Zip <b>33137</b>		Country <b>U.S.</b>		Zip <b>33137</b>		Country <b>U.S.</b>			
6. Name and Address of Current Registered Agent  <b>SALAVERRIA, ALEX</b> <b>347 NE 26 TER</b> <b>MIAMI, FL 33137</b>				7. Name and Address of New Registered Agent Name <b>SALAVERRIA, ALEX</b> Street Address (P.O. Box Number is Not Acceptable) <b>437 NE 29 ST, STE 302</b>  City <b>MIAMI</b> FL Zip Code <b>33137</b>					
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  <small>(Signature, typed or printed name of registered agent and title, if applicable.)</small>				(NOTE: Registered Agent signature required when reinstating)				DATE <b>12/10/07</b>	
<b>FILE NOW!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE D <input type="checkbox"/> Delete NAME SALAVERRIA, ALEX STREET ADDRESS 347 NE 26 TER CITY-ST-ZIP MIAMI, FL 33137				TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SALAVERRIA, ALEX STREET ADDRESS 437 NE 29 ST, STE 302 CITY-ST-ZIP MIAMI, FL 33137					
TITLE D <input checked="" type="checkbox"/> Delete NAME PATULSKI, MARK STREET ADDRESS 20 JANE STREET #2D CITY-ST-ZIP NEW YORK, NY 10014				TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME HERNANDEZ, GUILLERMO STREET ADDRESS 1521 91st RD, STE 453 CITY-ST-ZIP MIAMI, FL 33134					
TITLE D <input checked="" type="checkbox"/> Delete NAME POE, JOE E JE STREET ADDRESS 2905 S HARR DR SUITE 205 CITY-ST-ZIP MIDWEST CITY, OK 73110				TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PINEDA, HENRIETTA STREET ADDRESS 1305 ST TROPIC CIRCLE, STE 2008 CITY-ST-ZIP WESTON, FL 33326					
TITLE D <input checked="" type="checkbox"/> Delete NAME JACOBS, RYAN STREET ADDRESS 191 PALM AVE CITY-ST-ZIP MIAMI BEACH, FL 33139				TITLE TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME GUARD, EDUARDO STREET ADDRESS 1605 24th ROAD, #304 CITY-ST-ZIP MIAMI, FL 33134					
TITLE D <input type="checkbox"/> Delete NAME BECKER, MICHAEL D STREET ADDRESS 1200 BRICKELL AVE SUITE 1620 CITY-ST-ZIP MIAMI, FL 33141				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 900113550899 STREET ADDRESS 01/02/08--01034--002 \$70.00 CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME <b>REINSTATEMENT</b> STREET ADDRESS <b>07</b> CITY-ST-ZIP <b>12/13/08</b>				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DIR OF PUBLIC RELATIONS STREET ADDRESS ENRIQUE HERNANDEZ CITY-ST-ZIP 5871 SW 6 ST MIAMI FL 33144					
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.									
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>12/10/07</b>				DAYTIME	