



2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000012140	
1. Entity Name COMMUNITY, HOPE, SUCCESS, LIFE, OUTREACH-FOUNDATION CORPORATION	

Principal Place of Business 1020 CLEMONS LANE CRESCENT CITY, FL 32112	Mailing Address 1020 CLEMONS LANE CRESCENT CITY, FL 32112
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
09 AUG 13 AM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08062009 REIN-NP CR2E099 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
BANKS, HARRY 161 HUNTINGTON SHORTCUT ROAD CRESCENT CITY, FL 32112	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FL Dept of State 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P BANKS, HARRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	161 HUNTINGTON SHORTCUT ROAD	NAME	100159562521
STREET ADDRESS	CRESCENT CITY, FL 32112	STREET ADDRESS	08/13/09--01035--002 **122.50
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V WASHINGTON, PAMELA D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST OFFICE BOX 249	NAME	
STREET ADDRESS	WELAKA, FL 32193	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T LEDBETTER, JOSEPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1024 CLEMONS LANE	NAME	
STREET ADDRESS	CRESCENT CITY, FL 32112	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S SNIDER, CYD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	738 CHERRY STREET	NAME	
STREET ADDRESS	CRESCENT CITY, FL 32112	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	
TITLE	REINSTATEMENT	TITLE	RH
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: Harry Banks 8-11-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #