

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000010678

**FILED**  
**Jun 07, 2011**  
**Secretary of State**

**Entity Name:** SPEAK UP AND SPEAK OUT, VOICES FOR VICTIMS, INC.

**Current Principal Place of Business:**

1151 AVENUE G  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11767  
RIVIERA BEACH, FL 33419

**New Mailing Address:**

1151 AVENUE G  
RIVIERA BEACH, FL 33404

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, TRACY M  
1151 AVENUE G  
RIVIERA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: TRACY M. SMITH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MCLAWRENCE, ATTALLAH  
Address: 2043 S MCALISTER LANE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D  
Name: THOMPSON, PRISCILLA  
Address: 14568 96TH LANE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D  
Name: AMBASSLEY, GEORGE  
Address: 2600 WEST 28TH STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRACY M. SMITH

RA

06/07/2011

Electronic Signature of Signing Officer or Director

Date