

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000005695

**FILED**  
**Apr 25, 2013**  
**Secretary of State**

**Entity Name:** PROJECT SOS - SUPPORT OUR SOLDIERS, INC.

**Current Principal Place of Business:**

2412 DUE WEST DRIVE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

2412 DUE WEST DRIVE  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 27-2932657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KADOW, GARY H  
2412 DUE WEST DRIVE  
THE VILLAGES, FL 32162 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:** GARY H. KADOW

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CPD  
**Name:** KADOW, GARY H  
**Address:** 2412 DUE WEST DRIVE  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** TD  
**Name:** SMITH, CHARLES H SR.  
**Address:** 596 SOCIETY HILL CIRCLE  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** SD  
**Name:** SUMMERFIELD, JOHN  
**Address:** 9318 COUNTY ROAD 125D  
**City-St-Zip:** WILDWOOD, FL 34785

**Title:** D  
**Name:** SEMENZA, DAN  
**Address:** 1204 LA PALOMA PL  
**City-St-Zip:** THE VILLAGES, FL 32159

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:** GARY H. KADOW

CPD

04/25/2013

Electronic Signature of Signing Officer or Director

Date