## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N49840  1. Entity Name LITERACY FLORIDA!, INC.					FILED 06 JUL -5 AM 9: 48			
·	2 12923-0672 US	Mailing Address P.O. BOX 672 COCOA, FL 32923-067				SEURLIARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 2981 S. Lookout Blud 2925 Suite, Apt. #, etc. Suite, Apt. #, etc.			5 Optimist Unive		06282006 REIN	4-NP: = 2 4 0 CR2E0		
PORT State	saint lucie	Waliam	Ylatianno			4. FEI Number Applied For 59-2974070 Not Applicable		
3439	Country USA  6. Name and Address of Current F	7 32448 Registered Agent	<b>U</b> S		Certificate of Status Desi     Name and Address of N		Fee Required	
SWAFFORD, ELSIE L TRES 4487 LAFAYETTE ST. STE. 4				Name Street Address (P.O. Box Number is Not Acceptable)				
MARIANNA, FL 32446				City	FL			
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 Signature. Typed or printed name of registered agent with its paperable.  (NOTE: Registered Agent alignature required when relinstating)  DATE								
FILE NOW!!! FEE IS \$122.50 In accordance with s corporation did not re				. 607.193(2)(b), eceive the prior	, F.S., the notice.		k payable to rtment of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR P FREER, KEVIN 1372 DUTCH ELM DR. ALTAMONTE SPRINGS, FL 327	<b>V</b> a Delete	11. TITLE NAME STREET CITY-ST	P	Wildeen	Blud S in 76 34.	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILDER, JIM 2981 S LOOKOUT BLVD. PORT SAINT LUCIE, FL 34984	<b>C</b> Delete	TITLE NAME STREET CITY-ST	ADDRESS 500		gh Street	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWAFFORD, ELSIE L 4487 LAFAYETTE ST., STE. 4 MARIANNA, FL 32446	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP		,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEDEL, SHARON 423 NESBITT COURT DAVENPORT, FL 33837	Delete	TITLE NAME STREET CITY-SI	ADDRESS 28	NO A NOE	reul TRAIL en Fl 3231	☐ Change 🙀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR 1/16	☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP		,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP	<b>00(</b> 07/12/0	007737 <u></u> 060101102	Addition Addition 25 **131.25	
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: Elsie L. Subford Elsie L. Swafford 06/3d/2016 800-482-929L								