

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 8:27

DOCUMENT # N50545

1. Corporation Name

PEOPLES RELIEF PROJECT INC.

Principal Place of Business

380 HARVARD RD
VENICE FL 34293
US

Mailing Address

36 RIVER FRONT DR.
VENICE FL 34293
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1992

5. FEI Number

65-0355021

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VEREB, JULIA	6099 ESTATES DRIVE	NORTH PORT FL 34286
VDP PD	ARMSTRONG, DAVE	30 SPANIARD RD	PLACINDA FL 33946
TD	GOOD, MARC	36 RIVER FRONT DRIVE	VENICE FL 34293
PD	RYAN, GERRY	380 HARVARD ROAD	VENICE FL 34293
VDP	Ryan, Gerry	380 Harvard Rd	Venice, FL 34293

8. Name and Address of Current Registered Agent

RYAN, GERRY
380 HARVARD RD
VENICE FL 34293

9. Name and Address of New Registered Agent

Name

Marcus E. Good

Street Address (P.O. Box Number is Not Acceptable)

36 Riverfront Dr

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

29 Nov. 02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Nov 02

Date

941 483 5571

Daytime Phone #

CR2E040 (8/02)