

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000002112

**FILED**  
**Oct 19, 2010**  
**Secretary of State**

**Entity Name:** PROJECT S.O.S., INC.

**Current Principal Place of Business:**

6850 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

6817 SOUTHPOINT PARKWAY STE 801  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

6850 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

6817 SOUTHPOINT PARKWAY STE 801  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-3179894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULLARKEY, PAM  
6850 BELFORT OAKS PLACE  
JACKSONVILLE, FL 32216 US

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

MULLARKEY, PAM  
6817 SOUTHPOINT PARKWAY STE 801  
JACKSONVILLE, FL 32216 US

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: PAM MULLARKEY

10/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SPELLMAN, CHESTER  
Address: 1127 BLUE SKY WAY  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D  
Name: MULLARKEY, PAM  
Address: 1900 MOORINGS CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D  
Name: NEWMAN, CHARLES  
Address: 24769 HARBOUR VIEW DR  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D  
Name: DADDARIO, LEANN  
Address: 1504 DRURY COURT  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D  
Name: JACKSON, WILLIAM  
Address: 917 1ST STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D  
Name: SELANDER, GUY  
Address: 2716 VIA BAYA LANE  
City-St-Zip: JACKSONVILLE, FL 32206

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: PAM MULLARKEY

CEO

10/19/2010

Electronic Signature of Signing Officer or Director

Date