


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000005842 1. Entity Name THE DOMESTIC VIOLENCE EDUCATION AND PREVENTION PROJECT INCORPORATED						FILED 05 FEB 11 PM 2:13 SECRETARY OF STATE TALLAHASSEE, FL 32304			
Principal Place of Business 12387 S.W. 143 LANE MIAMI, FL 33186 US				Mailing Address P.O. BOX 16-5224 MIAMI, FL 33116-5224					
2. Principal Place of Business		3. Mailing Address		10062004 REIN-NP CR2E099 (6/04)		4. FEI Number 65-0547598		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, VICKIE M 12387 S.W. 143 LANE MIAMI, FL 33186						7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JACKSON VICKIE <input type="checkbox"/> Delete 12387 S W 143RD LANE MIAMI, FL 33186					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM E. JACKSON ED.D <input type="checkbox"/> Delete 12387 S W 143RD LANE MIAMI, FL 33186					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 300046928413 02/21/05--01025--008 **306.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARC S. SMITH <input type="checkbox"/> Delete 801-NW-151-ST MIAMI, FL 33169					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILLIAMS SMITH, TARLESHIA ESQUIRE <input type="checkbox"/> Delete 801 NW 151 ST MIAMI, FL 33169					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Vickie Jackson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<u><i>2/7/05</i></u> <u><i>305-378-8288</i></u> <small>Date Daytime Phone #</small>			