

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN -5 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001172

1. Corporation Name
PROJECT IMPACT OF SOUTH DADE, INC.

Principal Place of Business Mailing Address
1238 N.W. 9TH AVENUE 1238 N.W. 9TH AVENUE
FLORIDA CITY FL 33034 FLORIDA CITY FL 33034

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



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 03/13/1995
5. FEI Number 65-0575160 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DAWSON, MELVIN	1238 N.W. 9TH AVE.	FLORIDA CITY FL 33034
D	MARRIS, MATTHEW R	2610 INDUSTRY WAY SUITE B	LYNWOOD CA 90262
D	WATSON, ANNIE B	2610 INDUSTRY WAY SUITE B	LYNWOOD CA 90262
P/D	Kenneth L. Russell	25601 SW 133 Ct.	Naraha FL 33032
D	Knockman Neal	22320 SW 113 Ct.	Gowls Pt. 33170
V/D	Ron Harris	460 SW 6 AVE	FL City FL 33034

8. Name and Address of Current Registered Agent

WILLIAMS, VERNITA C
9970 N.W. 51ST LANE
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State Zip Code
FL

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.

Signature of Registered Agent *Vernita C Williams*
HI GISH BE D AGENT MUST SIGN

Date 12-30-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Kenneth L. Russell* Kenneth L. Russell 12-30-97 305-2581415
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/97)