

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 27 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N95000001172*

1. Corporation Name
Project Impact of South Dade, Inc

2. Principal Office Address
1238 N.W. 9th AVE

3. Mailing Office Address
1238 N.W. 9th AVE

100040589611
08/27/04--01072--006 **297.50

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida *3-13-95*

City & State
Florida City FL

City & State
Florida City FL

5. FEI Number
65-0575160

Zip Country
33034 US

Zip Country
33034 US

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Francis, Leon

Street Address (P.O. Box Number is Not Acceptable)
100 N.E. 15th St. #204

Suite, Apt. #, Etc.
#204

City
Homestead

State
FL

Zip Code
33030

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Leon Francis* Date *8/25/04*
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PD</i>	<i>Roul. Harris</i>	<i>18885 S.W. 296 St.</i>	<i>Homestead FL 33030</i>
<i>VD</i>	<i>Cherrie Adderly</i>	<i>15001 S.W. 296 St</i>	<i>Leisure City FL 33032</i>
<i>D</i>	<i>Christine Luton</i>	<i>735 N.W. 9th AVE</i>	<i>Florida City FL 33031</i>

10. 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: *Ron Z. Harris* Date *8/25/04* 305247-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CF2E081 (C1/04)