2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000006550

Entity Name: VICTIMS FIRST, INC.

FILED Jan 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

515 ELEVENTH STREET, WEST 600 US HIGHWAY 301 BLVD. WEST

BRADENTON, FL 34205 SUITE 202

BRADENTON, FL 34205

Current Mailing Address: New Mailing Address:

515 ELEVENTH STREET, WEST 600 US HIGHWAY 301 BLVD. WEST

BRADENTON, FL 34205 SUITE 202

BRADENTON, FL 34205

FEI Number: 31-1514364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WELLS, CHARLES B WELLS, CHARLES B

515 11TH STREET WEST 600 US HIGHWAY 301 BLVD. WEST

BRADENTON, FL 34205 US SUITE 202

BRADENTON, FL 34205 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.

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SIGNATURE: CHARLES B, WELLS 01/02/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: WELLS, CHARLES B Name: WELLS, CHARLES B Address: 515 ELEVENTH STREET WEST Address: 600 US HIGHWAY 301 BLVD. WEST, SUITE 202

City-St-Zip: BRADENTON, FL 34205 City-St-Zip: BRADENTON, FL 34205

Title: VD () Delete Title: () Change () Addition

 Name:
 WELLS, LESLIE
 Name:

 Address:
 P.O. BOX 133 N/A
 Address:

 City-St-Zip:
 PARRISH, FL 34264
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 MASIO, CAROL A
 Name:

 Address:
 1001 3RD AVENUE WEST, SUITE 700
 Address:

 City-St-Zip:
 BRADENTON, FL 34205
 City-St-Zip:

Name: MEADE, BRUCE Name: MEADE, BRUCE

Address: 515 ELEVENTH STREET WEST Address: 600 US HIGHWAY 301 BLVD, WEST, SUITE 202

City-St-Zip: BRADENTON, FL 34205 City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES B, WELLS PD 01/02/2008