

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 11 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112006 REIN-NP CR2E099 (11/05)

DOCUMENT # N97000002801 1. Entity Name VICTORY IS SHOUTING IN OUR NEIGHBORHOODS INC.					
Principal Place of Business 3001 EAST HANNA AVE TAMPA, FL 33610 US			Mailing Address P.O. BOX 15186 TAMPA, FL 33684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3447003 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
6. Name and Address of Current Registered Agent JACKSON, STEPHEN N 10743 GLEN ELLEN DR TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	D JACKSON, STEPHEN N 10743 GLEN ELLEN TAMPA, FL 336245060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500082443815 12/11/06--01058--008 **140.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, ELIZABETH 10743 GLEN ELLEN TAMPA, FL 336245060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> REINSTATEMENT <i>de</i> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, STEPHANIE 10743 GLEN ELLEN TAMPA, FL 336245060 <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	T JACKSON, SIMONE 10743 GLEN ELLEN TAMPA, FL 336245060 <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	
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 exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 12/5/06 Daytime Phone # _____		

12/12