2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005389

Entity Name: VISIONS OF MANHOOD INC.

FILED Sep 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2110 SOUTH ADAMS ST SUITE E TALLAHASSEE, FL 32301 **New Mailing Address: Current Mailing Address:** 2110 SOUTH ADAMS ST SUITE E TALLAHASSEE, FL 32301 FEI Number: 59-3543656 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: THOMAS, JOE N MR. 8429 MONTE LANE TALLAHASSEE, FL 32305 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. SIGNATURE: JOE N.THOMAS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BILLUPS, NORMAN JR. Name: Name: 1830 RODEO COURT Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 US City-St-Zip: Title: VC () Delete Title: ВМ (X) Change () Addition DAWKINS, WILLIAM MR. Name: DONALDSON, KATISA MRS. Name: Address: 2825 MUNICIPAL WAY Address: 5701 EMMA LN. TALLAHASSEE, FL 32317 US City-St-Zip: TALLAHASSEE, FL 32310 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MILTON, RODERICK MR. MILTON, RODERICK MR. Name: Name: 1228 OCALA ROAD, APT. E-8 1228 OCALA ROAD, APT. E-8 Address: Address: City-St-Zip: TALLAHASSEE, FL 32307 US City-St-Zip: TALLAHASSEE, FL 32307 US Title: () Delete Title: () Change () Addition WADE, GLEN MR. Name: Name: Address: P.O. BOX 34 Address: City-St-Zip: CRAWFORDVILLE, FL 32326 US City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, JOE N MR. Name: Name: 8429 MONTE LANE Address: Address: TALLAHASSEE, FL 32305 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition JACOBS, ENNIS L MR. Name: Name: Address: 2901 FALLING WATERS WAY Address: TALLAHASSEE, FL 32309 US City-St-Zip: City-St-Zip:

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: JOE N. THOMAS ED 09/29/2009