

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765551

1. Corporation Name

CHILDREN'S RIGHTS OF AMERICA, INC.

Principal Place of Business

500 SUGAR MILL ROAD
BLDG B. STE-220
ATLANTA GA 30350
US

Mailing Address

500 SUGAR MILL ROAD
BLDG B. STE-220
ATLANTA GA 30350
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 160

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 160

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1982

5. FEI Number

59-2261769

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	4 City / State / Zip
CD	VOSS, JIM	1729 FAIRFAX	BARNHART MO
PD	ROSENTHAL, KATHERYN	8735 DUNWOODY PL #6	ATLANTA GA 30350
VTD	BELL, SUE	2906 WEBB BRIDGE ROAD	ALPHARETTA GA
SD	OSTEEN, AUBREY	1321 HEMINGWAY LANE	ROSWELL GA
D	ZANDER, CARL	2850 S 46TH ST., #102	PHOENIX AZ 85082
D	GIMON, ALEXANDER	655 ULMERTON ROAD, STE 7-C	LARGO FL 34641

8. Name and Address of Current Registered Agent

PARSLEY, CAROL
11722 CURRIE LN.
#12
LARGO FL 34644

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

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

Carol Parsley
REGISTERED AGENT MUST SIGN

200003020012--4
Date: 10/12/99 01048--007

***236.25 ***236.25

11. 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:

Kathy Rosenthal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/99 776-998-6698

FILED

99 OCT 19 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2000 (8/99)