

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N94000001458(8)

1. Corporation Name

SAV-A-CHILD, INC.

300003195773--8

-04/04/00--01033--001

****297.50 ****297.50

300003195773--8

-04/04/00--01033--002

*****8.75 *****8.75

2. Principal Office Address

2303 ROGERO RD.

Suite, Apt. #, etc.

3. Mailing Office Address

2303 ROGERO RD.

Suite, Apt. #, etc.

City & State

Jax., FL.

City & State

Jax., FL.

Zip

Country

32211

USA

Zip

Country

32211

USA

4. Date Incorporated or Qualified To Do Business in Florida

3/21/94

5. FEI Number

59-3252238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 10-00

7. Name and Address of Current Registered Agent

Name

NORMA E. LYON

Street Address (P.O. Box Numbers Not Acceptable)

1709 ROGERO RD.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

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

Norma E. Lyon
REGISTERED AGENT MUST SIGN

Date

3/20/00

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
Pres.	Dr. Arville L. Renner	6264 Diane Road	Jax., FL 32277
Director	Rev. Douglas J. Berenguer	15335 Cape Drive S.	Jax., FL 32226
S/Tres.	Norma E. Lyon	3512 Simca Drive W.	Jax., FL 32277
Director	Dr. David E. Woodard, Jr.	7780 Allspice Cir.	E. Jax., FL 32244
Director	Aaron Clark	1070 Beasley Circle	Union Point, GA 30669
Director	Sylvia Clark	1070 Beasley Circle	Union Point, GA 30669
Director	Mavis Renner	6264 Diane Road	Jax., FL 32277

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:

Norma E. Lyon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
Date

KE
904-743-0057
Daytime Phone #

CR2E081 (9/99)