

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000001969
 1. Entity Name
PRIDELINES YOUTH SERVICES, INC.



FILED

05 JAN 28 PM 1:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01122005 REIN-NP CR2E099 (6/04)

Principal Place of Business
 180 NE 19TH STREET
 MIAMI, FL 33132

Mailing Address
 PO BOX 014340
 MIAMI, FL 33101-4340

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
 65-0670159

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~GROCKETT & CHASEN, P.A.~~
~~420 LINCOLN ROAD STE 338~~
~~MIAMI BEACH, FL 33139~~

7. Name and Address of New Registered Agent

Name Steven K. Baird, P.A.

Street Address (P.O. Box Number is Not Acceptable)
5981 NE 6th Avenue

City Miami FL Zip Code 33137

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 Steven K. Baird president 1/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, JOSUE 14060 BISCAYNE BLVD #712 MIAMI, FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUESO, DENISE <input checked="" type="checkbox"/> Delete 1511 CORTEZ STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, CARMEN 940 NE 72 ST MIAMI, FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASTOR, KEVIN <input checked="" type="checkbox"/> Delete 180 NE 19 STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMA, ANTONIO 171 NE 100 ST MIAMI, FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900046010699 02/04/05--01011--004 **\$122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1200 NE 92nd Street Miami Shores, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: Carmen Garcia Carmen Garcia, Treasurer 1/24/05 305-571-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #