

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 OCT 19 PM 5:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **765551**
 1. Corporation Name
CHILDREN'S RIGHTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
500 SUGAR MILL ROAD BLDG B. STE-220 ATLANTA GA 30350 US	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		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. SUITE 160		Suite, Apt. #, etc. SUITE 160		10/26/1982	
City & State		City & State		5. FEI Number	
				59-2261769	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

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		9. Name and Address of New Registered Agent	
PARSLEY, CAROL 11722 CURRIE LN. #12 LARGO FL 34644		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State FL	
		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
 Date: 10/12/99 20000302/0012--4
 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: Kathryn Rosenthal KATHY ROSENTHAL 10/12/99 770-998-6198
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (8/99)