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FILED  
H02000164343  
JUL 10 2002  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-02

**CORPORATION REINSTATEMENT**

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

**DOCUMENT #** 293000005508  
1. Corporation Name  
**GEORGIA/FLORIDA CHILDREN TODAY, INC.**

2. Principal Office Address  
12601 Townepark Way  
Suite 200  
Louisville, KY  
Zip 40243 Country USA

3. Mailing Office Address  
P.O. Box 43130  
Louisville, KY  
Zip 40253 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12-03-93

5. FEI Number 58-2081037

6. CERTIFICATE OF STATUS DESIRED

Applied For Not Applicable

7. Name and Address of Current Registered Agent

Name: **Motolaw, Inc.**

Street Address (P.O. Box Number is Not Applicable)  
**50 North Laura Street**

Subs. Apt. #, Etc.  
**Suite 2500**

City  
**Jacksonville**

State **FL** Zip Code **32202**

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of Registered Agent: **Robert G. Shaffer, II, President**

REGISTERED AGENT MUST SIGN

Date: **7/10/02**

9. Name and Street Addresses of Each Officer and/or Director (Provide nonprofit corporations must file at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Jeff Owen	12601 Townepark Way Suite 200	Louisville, KY 40243

10. I certify that I am an officer or director of the receiver or trustee empowered to execute the 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 due 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)(X), 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: **Jeff Owen** 07-10-02 502-244-0385

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

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B

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE  
Account Number : 105543000740  
Phone : (904)798-3700  
Fax Number : (904)354-4459

**CORPORATION REINSTATEMENT**

**GEORGIA/FLORIDA CHILDREN TODAY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,200.00