CAPITAL CONNECTION 850 222 1222 01/06 '05 12:48 NO.603 01/04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 27 PM 1:56

DOCUMENT # H65940

1. Corporation Name APRIL'S CHILD, INC.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
2336 E. OCEAN BLVD.	SAME
Suite, ~~Apt. #, etc.~~ 307	Suite, Apt. #, etc. "
City & State STUART, FL	City & State "
Zip 34996 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 11 JUL 1985

5. FEI Number 59-2561136 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Capital Connection Inc.

Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia St.

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Stacey Piland (REGISTERED AGENT MUST SIGN) Date: 1/27/05

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/SEC/TREAS.	J. GREENE	2336 E. OCEAN BLVD	STUART, FL 34996

000045834395
02/03/05--01007--014 **900.00

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: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 26 JAN 05 (Date) 561.229.1769 (Daytime Phone #)