PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV -6 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001040**

1. Corporation Name

CHILD ADVOCACY CENTER, INC.

Principal Place of Business	Mailing Address
1000 N.E. 16TH AVENUE BUILDING F GAINESVILLE FL 32601	1000 N.E. 16TH AVENUE BUILDING F GAINESVILLE FL 32601

REINSTATEMENT 2001

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
Suite, Apt. #, etc. 2720 NE 20th Way	Suite, Apt. #, etc. P.O. Box 1128
City & State Gainesville FL	City & State Gainesville FL
Zip 32601 Country	Zip 32602 Country

4. Date Incorporated or Qualified To Do Business in Florida 02/11/2000

5. FEI Number 31-1705396 — Applied For / Not Applicable

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

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
P	Leslie Bram	2012 West University Ave	Gainesville FL 32604
D	Jay Herrington	912 NW 56th Terrace	Gainesville FL 32605
P	Liz Jones	5915 NW 27 Avenue	Gainesville FL 32606
D	Marilyn McLean	425 SW 88th Terrace	Gainesville FL 32607

100004698861--3
-11/29/01--01070--007
****245.00 ****245.00

100004698861--3
-11/29/01--01070--007
****245.00 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SMITH, DEE DEE 1000 N.E. 16TH AVENUE BUILDING F GAINESVILLE FL 32601	Name: Karen Godley Street Address (P.O. Box Number is Not Acceptable): 2720 NE 20th Way Suite, Apt. #, Etc.: City: Gainesville State: FL Zip Code: 32601

CR2E040 (8/01)

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: KC Godley — Date: 10/16/01
REGISTERED AGENT MUST SIGN

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: L.B. Jones — 10/18/01 — (352) 3766641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #