

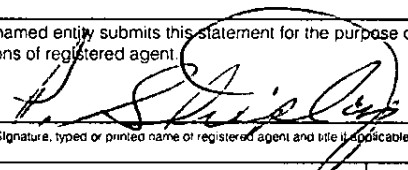
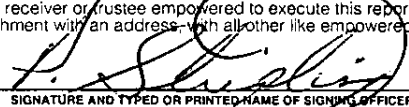


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000001273</b> 1. Entity Name <b>THE COUNCIL OF GRANDPARENTS RAISING GRANDCHILDREN, INC.</b>						<b>FILED</b> <b>05 DEC 20 AM 10: 07</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>C/O PATRICIA STRIPLING</b> <b>20733 N.W. 9 CT. #202</b> <b>MIAMI, FL 33169</b>				Mailing Address <b>C/O PATRICIA STRIPLING</b> <b>20733 N.W. 9 CT. #202</b> <b>MIAMI, FL 33169</b>			
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 <b>91-2122403</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>STRIPLING, PATRICIA</b> <b>20733 NW 9 CT #202</b> <b>MIAMI, FL 33169</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>Dec. 3, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>STRIPLING</b> <input type="checkbox"/> Delete			TITLE	<b>5000622805</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SATRIPLING, PATRICIA</b>			NAME	<b>12/20/05--01007--003 **\$1.25</b>		
STREET ADDRESS	<b>20733 NW 9 CT #202</b>			STREET ADDRESS	<b>1831 N.W. 186 St.</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>			CITY-ST-ZIP	<b>Mia. Gardens, Fl. 33056</b>		
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete			TITLE	<b>Wade Jones</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DANIELS, KIM</b>			NAME	<b>BETTY SPANN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>3090 SW 37 AVE</b>			STREET ADDRESS	<b>4744 N.W. 16 Ave.</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>			CITY-ST-ZIP	<b>Mia. Fl. 33142</b>		
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete			TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HAILE, DONNELL</b>			NAME	<b>PINKIE WHITE</b>		
STREET ADDRESS	<b>1450 NE 2 AVE</b>			STREET ADDRESS	<b>8111 N.W. 25 AVE</b>		
CITY-ST-ZIP	<b>MIAMI, FL</b>			CITY-ST-ZIP	<b>Mia. Fl. 33138</b>		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete			TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PERRY, GLORIA</b>			NAME	<b>HELEN WILSON</b>		
STREET ADDRESS	<b>3914 N.W. 207 ST.</b>			STREET ADDRESS	<b>3311 N.W. 52 St.</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>			CITY-ST-ZIP	<b>Mia. Fl. 33142</b>		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete			TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>REED, ATHAN</b>			NAME	<b>MARY ARMSTRONG</b>		
STREET ADDRESS	<b>1841 N.E. 69TH TER.</b>			STREET ADDRESS	<b>285 N.E. 191 St.</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33147</b>			CITY-ST-ZIP	<b>Mia. Fl. 33179</b>		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete			TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NELSON, CASSANDRA</b>			NAME	<b>MARY ARMSTRONG</b>		
STREET ADDRESS	<b>11471 S.W. 225 ST.</b>			STREET ADDRESS	<b>285 N.E. 191 St.</b>		
CITY-ST-ZIP	<b>GOULDS, FL 33170</b>			CITY-ST-ZIP	<b>Mia. Fl. 33179</b>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>Dec. 3, 2005</b> <b>(786-2906254)</b> <small>Date Daytime Phone #</small>			