

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000008023

FILED
Oct 04, 2004
Secretary of State**Entity Name:** KIDS FOR LIFE, INC.**Current Principal Place of Business:**2216 E. 109TH AVE
TAMPA, FL 33612**New Principal Place of Business:**4611 W. PAUL
TAMPA, FL 33611**Current Mailing Address:**PO BOX 172336
TAMPA, FL 336720336**New Mailing Address:****FEI Number:** 59-3684604**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YURCUS, GREGORY
Address: PO BOX 172336
City-St-Zip: TAMPA, FL 336720336

Title: D (X) Delete
Name: CASSELS, DON
Address: PO BOX 172336
City-St-Zip: TAMPA, FL 336720336

Title: D () Delete
Name: JENNINGS, DAVID
Address: PO BOX 172336
City-St-Zip: TAMPA, FL 336720336

Title: D () Delete
Name: BADERTSCHER, KURT
Address: PO BOX 172336
City-St-Zip: TAMPA, FL 336720336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JENNINGS

D

10/04/2004

Electronic Signature of Signing Officer or Director

Date