

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000002063

FILED
May 05, 2005
Secretary of State

Entity Name: REAL KIDS FOUNDATION INC.

Current Principal Place of Business:

1169 MLK STREET SOUTH
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

1615 16TH STREET SOUTH
SAINT PETERSBURG, FL 33705

Current Mailing Address:

P O BOX 13196
ST PETERSBURG, FL 33733

New Mailing Address:

P O BOX 13196
ST PETERSBURG, FL 33733 US

FEI Number: 59-3726525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOTT, DAVID
1106 E ANNIE ST
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

MOTT, DAVID
3601 DATA DRIVE
202
TAMPA, FL 33613 US

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: DAVID MOTT

05/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOTT, DAVID
Address: 2373 OAKDALE STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: T () Delete
Name: BOWLER, CARLAUS
Address: 1106 ANNIE STREET
City-St-Zip: TAMPA, FL 33612

Title: S () Delete
Name: MACKEY-PERRY, CONSUELO
Address: 758 40TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T () Delete
Name: TODD-WHITTEN, MARY
Address: 5303 20TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOTT, DAVID
Address: 3601 DATA DRIVE
City-St-Zip: TAMPA, FL 33705

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 MOTT

D

05/05/2005

Electronic Signature of Signing Officer or Director

Date