

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000002773

1. Entity Name
THE CHILDREN'S FOUNDATION, INC.



FILED

06 MAY 16 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1600 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316

Mailing Address
1600 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316



2. Principal Place of Business

3. Mailing Address

303 SE 17TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

605

05022006 REIN:NP CR2E099 (11/05) 05-06

City & State

City & State

Fort Lauderdale FL

4. FEI Number 68-0499309
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

33316

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERER, WILLIAM R ESQ.
633 SOUTH FEDERAL HIGHWAY, 8TH FLOOR
FORT LAUDERDALE, FL 33301

Name

LAURA SEIDMAN ESQ

Street Address (P.O. Box Number is Not Acceptable)

303 SE 17TH STREET

City

FORT LAUDERDALE

FL

Zip Code

33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	1451 WEST CYPRESS CREEK ROAD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	V	<input type="checkbox"/> Delete
NAME	TROWER, WIL	
STREET ADDRESS	303 SE 17TH STREET	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCOTT, JOE	
STREET ADDRESS	1600 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL STALLARULO	
STREET ADDRESS	303 SE 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100075381341	
STREET ADDRESS	05/26/06--01055--006 **297.50	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 355 5610