2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002084

Entity Name: BABIES CENTER FOR LIFE, INC.

FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4891 NW 103 AVE STE 11-B 11551 NW 43RD CT

SUNRISE, FL 33351 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

4891 NW 103 AVE STE 11-B P.O. BOX 772324

CORAL SPRINGS, FL 33077 SUNRISE, FL 33351

FEI Number: 59-0116747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOMINIQUES, AGLANTA DOMINIQUE, AGLANTA 4891 NW 103 AVE STE 11-B P.O. BOX 772324

COAL SPRINGS, FL 33065 SUNRISE, FL 33351 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: AGLANTA DOMINIQUE 01/27/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DOMINIQUE, AGLANTA DOMINIQUE, AGLANTA Name: Name: 4891 NW 103 AVE STE 11-B Address: P.O. BOX 772324 Address:

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: STD (X) Change () Addition DEZULME, LAURINCIA Name: DEZULME, LAURINCIA Name:

Address: 4891 NW 103 AVE STE 11-B Address: P.O. BOX 772324 City-St-Zip: SUNRISE, FL 33351 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: (X) Change () Addition

BAILEY, DEBORAH Name: BAILEY, DEBORAH Name: 4891 NW 103 AVE STE 11-B P.O. BOX 772324 Address: Address:

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: (X) Change () Addition

GURWICH, ARLENE Name: Name: GURWICH, ARLENE 4891 NW 103 AVE STE 11-B Address: Address: P.O. BOX 772324 CORAL SPRINGS, FL 33065

City-St-Zip: SUNRISE, FL 33351 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

RYMER, APRIL RYMER, APRIL Name: Name: 4891 NW 103 AVE STE 11-B P.O. BOX 772324 Address: Address:

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: CORAL SPRINGS, FL 33065

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: LAURINCIA DEZULME STD 01/27/2005

Electronic Signature of Signing Officer or Director

Date