

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002516

FILED
Jan 27, 2005
Secretary of State

Entity Name: TEENS INC.

Current Principal Place of Business:

3640 BRENTWOOD AVE.
BLDG. 17
JACKSONVILLE,, FL 32206

New Principal Place of Business:

1803.
ALFEN STREET
JACKSONVILLE,, FL 32254 US

Current Mailing Address:

3640 BRENTWOOD AVE.
BLDG.17
JACKSONVILLE,, FL 32206

New Mailing Address:

1803 ALFEN STREET
JACKSONVILLE,, FL 32254 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

TURNER, VALERIE D
3640 BRENTWOOD AVE.
BLDG.17
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

TURNER, VALERIE D
1803 ALFEN STREET
JACKSONVILLE, FL 32254 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: VALERIE D. TURNER

01/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: TURNER, VALERIE D PRES.
Address: 1803 ALFEN STREET
City-St-Zip: JACKSONVILLE, FL 32254 US

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: VALERIE D. TURNER

PRES

01/27/2005

Electronic Signature of Signing Officer or Director

Date