2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003149

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

315 CADIMA AVE

CORAL GABLES, FL 33134

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FILED May 26, 2005 Secretary of State

Entity Name: CHILDRENFIRST! OF MIAMI FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 315 CADIMA AVE CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 315 CADIMA AVE CORAL GABLES, FL 33134 FEI Number: 75-3112000 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: LYNCH, BILL 315 CADIMA AVE CORAL GABLES, FL 33134 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: BILL LYNCH Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPS **PRES** () Delete (X) Change () Addition LYNCH, BILL Name: LYNCH, BILL Name: 315 CADIMA AVE Address: 315 CADIMA AVE Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: Title: (X) Change () Addition () Delete REYNOLDS, JULISSA Name: REYNOLDS, JULISSA Name: Address: 315 CADIMA AVE Address: 315 CADIMA AVE CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: SEC (X) Change () Addition GAMOA, ANGELA GAMBOA, ANGELA Name: Name:

Address:

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315 CADIMA AVE

315 CADIMA AVE.

ASENSI, JACOBO

315 CADIMA AVE.

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CORAL GABLES, FL 33134

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CORAL GABLES, FL 33134

REYNOLDS, ALFREDO

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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

SIGNATURE: BILL LYNCH PRES 05/26/2005

above, or on an attachment with an address, with all other like empowered.