

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005159 1. Entity Name KEEPING KIDS ON TRACK INC.						FILED 05 APR 12 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 04-05	
Principal Place of Business 19201 E. ST. ANDREWS DR. HIALEAH, FL 33015				Mailing Address 19201 E. ST. ANDREWS DR. HIALEAH, FL 33015			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CLARK, GERALDINE 19201 E. ST. ANDREWS DR. HIALEAH, FL 33015				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 81-0572625			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
SIGNATURE				DATE 10/20/04			
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, WILLIAM M JR. 19201 E. ST. ANDREWS DR. HIALEAH, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900054204109 05/10/05--01038--009 **120.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, GERALDINE 19201 E. ST. ANDREWS DR. HIALEAH, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900054204109 05/10/05--01038--010 **2.50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ARTHUR 6600 NW 27TH AVE. MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAN, SUSAN P. O. BOX 421834 MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, COVINGTON 14300 NW 23RD AVE. MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CECILE 18250 NW 2ND AVE., #500 MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 the empowered.							
SIGNATURE:				DATE 10/20/04			