

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000008123 1. Entity Name KIDSVOTING TAMPA BAY, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB 29 PM 3:12 <i>6/29/08 1005 021 29780</i> 	
Principal Place of Business 490 FIRST AVE. SOUTH ST. PETERSBURG, FL 33701				Mailing Address 4239 CARLOS COURT HERNANDO BEACH, FL 34607			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>15365 Cortez Blvd.</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State <i>Brooksville FL</i>		4. FEI Number 51-0487018		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip <i>34613</i>	Country <i>U.S.A.</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RAHDERT, GEORGE K 535 CENTRAL AVE. ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>1/7/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$297.50				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	P BEASLEY, LARRY 15365 CORTEZ BLVD. BROOKSVILLE, FL 34613 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Fox 15365 Cortez Blvd. Brooksville FL 34613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V1 LASHER, ELLEN 11450 GANDY BLVD ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REEVES, RICHARD 490 FIRST AVENUE S SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Serry Hill 490 First Avenues. St. Petersburg FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V2 HINRICHS, KURT 1390 DONEGAN ROAD LARGO, FL 33771 <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	T MILLER, FRED 401 E JACKSON ST TAMPA, FL 33602 <input checked="" 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 CARD, MICHELLE 4239 CARLOS COURT HERNANDO BEACH, FL 34607 <input checked="" 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>1/7/08</i> Daytime Phone # <i>(352) 754-6109</i>			