2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# N03000008870

Entity Name: CHILDREN IN THE SPIRIT, INC.

Current Principal Place of Business:

124 N.W. 12TH STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

245 N.W. 11TH STREET
POMPANO BEACH, FL 33060

New Mailing Address:

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:

WILSON, SEAN L ESQ.
1750 N. UNIVERSITY DRIVE
SUITE 223
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AKEL, DIMITRIS S
Address: 3395 CARAMBOLA CIRCLE SOUTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: VP ( ) Delete
Name: SCHAEFFER, CAROLYN
Address: 126 LENOX DRIVE
City-St-Zip: AUGUSTA, GA 30907

Title: VP ( ) Delete
Name: WASHINGTON, ANGIE S
Address: 54 EGRET WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TR ( ) Delete
Name: SCHAEFFER, TRACY
Address: 1806 MAGLIANO DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SEC ( ) Delete
Name: SCHAEFFER, SEAN B
Address: 3395 CARAMBOLA CIRCLE SOUTH
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DIMITRIS S. SCHAEFFER P 10/20/2004

Electronic Signature of Signing Officer or Director — Date