## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000008870

54 EGRET WAY

SCHAEFFER, TRACY

SCHAEFFER, SEAN B

1806 MAGLIANO DRIVE

TR

SEC

BOYNTON BEACH, FL 33436

BOYNTON BEACH, FL 33436

COCONUT CREEK, FL 33066

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3395 CARAMBOLA CIRCLE SOUTH

Address:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: CHILDREN IN THE SPIRIT, INC.

FILED Oct 07, 2005 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Plac	New Principal Place of Business:		
124 N.W. 12TH STREET POMPANO BEACH, FL 33060			1500 N.W. 3RD AVI POMPANO BEACH		US	
Current Ma	ailing Addres	ss:	New Mailing Addre	New Mailing Address:		
245 N.W. 11TH STREET POMPANO BEACH, FL 33060			504 N.W. 6TH STR POMPANO BEACH		US	
FEI Number:	06-1757566	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certifica	ate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:		
1750 N. ÚN SUITE 223 CORAL SP The above in the State	of Florida.	3071 US submits this statement for the p	urpose of changing its registe	red office or ı	registered agent, or both,	
SIGNATUR	E: DIMITRIS	SAKEL nic Signature of Registered Age	ent		Date	
OFFICERS	AND DIREC			GES TO OFF	FICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AKEL, DIMITRI 3395 CARAMB	) Delete S S OLA CIRCLE SOUTH EEK, FL 33066	Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( SCHAEFFER, 0 126 LENOX DF AUGUSTA, GA	RIVE	Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition	
Title: Name:	VP ( ) WASHINGTON	) Delete . ANGIE S	Title: Name:	( ) Change	( ) Addition	

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.

Address:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: DIMITRIS AKEL PRES 10/07/2005

() Change () Addition

() Change () Addition