2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 01, 2005
Secretary of State

DOCUMENT# N04000002116

Entity Name: SUNSHADE FOR KIDS FOUNDATION, INC.

Current Principal Place of Business:

9970 CENTRAL PARK BLVD.
SUITE 102
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

9970 CENTRAL PARK BLVD.
SUITE 102
BOCA RATON, FL 33428

New Mailing Address:

14876 SW 39TH ST
DAVIE, FL 33331

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOPPER, SHARI M.D.
9970 CENTRAL PARK BLVD.
SUITE 102
BOCA RATON, FL 33428 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: SHARI TOPPER M.D.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOPPER, SHARI M.D.
Address: 9970 CENTRAL PARK BLVD. #102
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: TOPPER, ROBERT M.D.
Address: 9970 CENTRAL PARK BLVD. #102
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: LADAU, GLENN M.D.
Address: 9970 CENTRAL PARK BLVD. #102
City-St-Zip: BOCA RATON, FL 33428

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: STEPHANIE, OLINICK
Address: 14876 SW 39TH STREET
City-St-Zip: DAVIE, FL 33331

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: S. OLINICK D 12/01/2005
Electronic Signature of Signing Officer or Director — Date