


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|  |   |
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| <b>DOCUMENT # N05000002765</b>                     |  |
| 1. Entity Name<br>CHILD ADVOCATES OF FLORIDA, INC. |   |

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| Principal Place of Business<br>2700 CROTON RD BLDG 1-10<br>MELBOURNE, FL 32935 | Mailing Address<br>2700 CROTON RD BLDG 1-10<br>MELBOURNE, FL 32935 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

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|---|--|
| 4. FEI Number   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>CARTER, CALEKA D<br>2700 CROTON RD BLDG 1-10<br>MELBOURNE, FL 32935 | 7. Name and Address of New Registered Agent<br>Name <u>Valeka Carter</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <u>FL</u> Zip Code |
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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 Valeka D. Carter DATE July 18, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                    |  |   |
|------------------------------------|--|---|
| <b>FILE NOW!!! FEE IS \$122.50</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to<br><b>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARTER, ANTONIO M<br>2700 CROTON RD BLDG 1-10<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>300106628793<br>07/24/07--01031--012 **122.50 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARTER, VALEKA D<br>2700 CROTON RD BLDG 1-10<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARTER, KEVIN L<br>9121 RIDGEBRIAR LANE<br>JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: Antonio Carter DATE July 18, 2007 321-431-7386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR