


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 JUL -8 AM 9:47 400183050414 07/08/10--01009--006 **183.00 REINSTATEMENT 08-10	
DOCUMENT # N05000002765 1. Corporation Name Child Advocates of Florida, Inc.					
2. Principal Office Address - No P.O. Box # 8247 West Ramona Blvd. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.			
City & State Jacksonville, Florida		City & State			
Zip 32221	Country United States	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida March 05					
5. FEI Number 522453231				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name: Valeka Carter Street Address (P.O. Box Number is Not Acceptable): 8247 WEST RAMONA BLVD. Suite, Apt. #, Etc. City: JACKSONVILLE					
		State FL	Zip Code 32221		
B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent: <u>Valeka Carter</u> Date: <u>6/23/10</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
President	Antonio M. Carter	7610 Blanding Blvd. #523		Jacksonville, Florida 32244	
Vice President	Valeka Carter	7610 Blanding Blvd. #523		Jacksonville, Florida 32244	
President of Capital	Stephen Ryckman	110 NESBITT ST. NE		Palm Bay, Florida 32907	
Treasure	Timothy Bean	8861 CHERRY HILL		Jacksonville, Florida 32221	
10. E-mail Address: <u>Valekacarter@live.com</u> (To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Valeka Carter Date: <u>4/17/10</u> Office Phone #: <u>904 881 4008</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

correction made Per conversation with ANTONIO CARTER
7/8/2010 KS