

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004939

FILED
Jul 19, 2007
Secretary of State

Entity Name: STATE OF FLORIDA CHILD PROTECTIVE SERVICES DOMESTIC CRIMES, INC.

Current Principal Place of Business:

PO BOX 420666
MIAMI, FL 33142

New Principal Place of Business:

1031 IVES DAIRY ROAD
128
MIAMI, FL 33177

Current Mailing Address:

PO BOX 420666
MIAMI, FL 33142

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **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:

LAW OFFICES OF RODNEY B ROBINSON
200 NE 154TH STREET
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

ROBBINS, PHILLIPS, SMITH & ASSOCIATES
1031 IVES DAIRY ROAD
228
MIAMI, FL 33177 US

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: RODNEY B. ROBINSON, ESQ.

07/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBBINS, SEANER M
Address: 18422 NW 23RD CT
City-St-Zip: MIAMI, FL 33056

Title: V () Delete
Name: DENNISON, EDWARD
Address: 2734 NW 183RD STREET
City-St-Zip: MIAMI, FL 33056

Title: ST () Delete
Name: GASKIN, JASMIN A
Address: 3810 NW 167TH STREET
City-St-Zip: MIAMI, FL 33054

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SEANER M. ROBBINS

D

07/19/2007

Electronic Signature of Signing Officer or Director

Date