2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2008
Secretary of State

DOCUMENT# N06000013135

Entity Name: FRONTLINE FOR KIDS, INC.

Current Principal Place of Business:

735 ORANGE AVENUE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

P O BOX 2377
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 74-3197993 **FEI Number Applied For ( )** **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:

WILSON, JENNIFER L
2121 JUANITA AVENUE
FORT PIERCE, FL 34946 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: JENNIFER L. WILSON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILSON, JENNIFER L
Address: 2121 JUANITA AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: V ( ) Delete
Name: PETERS, SAMUEL
Address: 260 PARK HILL AVE APT 3J
City-St-Zip: STATEN ISLAND, NY 10304

Title: D ( ) Delete
Name: PARMALEE, BRENDA
Address: 2500 VIGINIA AVE
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: MOORE, PRIMUS
Address: 6280 NE 72ND CIRCLE #8
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: GAYMAN, JEROME Z
Address: 1124 ROSEDALE AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: LENTS, DIANE
Address: 5100 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34952

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: ( ) 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: JENNIFER L. WILSON P 10/26/2008
Electronic Signature of Signing Officer or Director — Date