## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000013135

Entity Name: FRONTLINE FOR KIDS, INC.

FILED Sep 30, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
735 ORANGE AVENUE FORT PIERCE, FL 34950		309 SOUTH 7TH STREET FORT PIERCE, FL 34950	
Current Mailing Address:		New Mailing Address:	
P O BOX 2 FORT PIE	2377 RCE, FL 34950		
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receive	•	ce.
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
WILSON, JENNIFER L 2121 JUANITA AVENUE FORT PIERCE, FL 34946 US		GAYMAN, GEROME Z 2555 CREEK SIDE DRIVE FORT PIERCE, FL 34981 US	
	named entity submits this statement for the purpose e of Florida.	of changing	its registered office or registered agent, or both,
SIGNATURE: GEROME Z GAYMAN			09/30/2009
	Electronic Signature of Registered Agent		 Date
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete WILSON, JENNIFER L 2121 JUANITA AVENUE FORT PIERCE, FL 34946	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition GAYMAN, GEROME Z 2555 CREEK SIDE DRIVE FORT PIERCE, FL 34981
Title: Name: Address: City-St-Zip:	V () Delete PETERS, SAMUEL 260 PARK HILL AVE APT 3J STATEN ISLAND, NY 10304	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete PARMALEE, BRENDA 2500 VIGINIA AVE FORT PIERCE, FL 34947	Title: Name: Address: City-St-Zip:	S (X) Change () Addition WILSON, JENNIFER 2121 JUANITA AVENUE FORT PIERCE, FL 34946
Title: Name: Address: City-St-Zip:	D () Delete MOORE, PRIMUS 6280 NE 72ND CIRCLE #8 OKEECHOBEE, FL 34972	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete GAYMAN, JEROME Z 1124 ROSEDALE AVENUE FORT PIERCE, FL 34982	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition GAYMAN, JEROME Z 2555 CREEK SIDE DRIVE FORT PIERCE, FL 34981
Title: Name: Address: City-St-Zip:	D () Delete LENTS, DIANE 5100 OKEECHOBEE RD FORT PIERCE, FL 34952	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

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: GEROME GAYMAN P 09/30/2009