

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000002678

FILED  
Oct 20, 2008  
Secretary of State

**Entity Name:** ST. JUDE'S ALLIANCE FOR PEDIATRIC BIPOLAR DISORDER, INC.

**Current Principal Place of Business:**

8860 SW 123 COURT  
SUITE K-109  
MIAMI, FL 33186

**New Principal Place of Business:**

8860 SW 123 COURT  
SUITE K-109  
MIAMI, FL 33186 US

**Current Mailing Address:**

8860 SW 123 COURT  
SUITE K-109  
MIAMI, FL 33186

**New Mailing Address:**

8860 SW 123 COURT  
SUITE K-109  
MIAMI, FL 33186 US

**FEI Number:** 26-3566275      **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:**

**Name and Address of New Registered Agent:**

MACHIN-QUIRANTES, YWAIDREE C  
8860 SW 123 COURT  
SUITE K-109  
MIAMI, FL 33186 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: YWAIDREE C MACHIN QUIRANTE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MACHIN, NORAYDA  
Address: 8860 SW 123 COURT SUITE K-109  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete  
Name: MACHIN-QUIRANTES, YWAIDREE C  
Address: 8860 SW 123 COURT K-109  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: MACHIN, NORAYDA  
Address: 8860 SW 123 COURT SUITE K-109  
City-St-Zip: MIAMI, FL 33186 US

Title: VPD (X) Change ( ) Addition  
Name: MACHIN-QUIRANTES, YWAIDREE C  
Address: 8860 SW 123 COURT K-109  
City-St-Zip: MIAMI, FL 33186 US

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: NORAYDA MACHIN

PSTD

10/20/2008

Electronic Signature of Signing Officer or Director

Date