2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010099

Entity Name: WEST PALM BEACH PARENT GROUP, INC

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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100 CHILLINGWORTH WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

100 CHILLINGWORTH WEST PALM BEACH, FL 33407

FEI Number: 75-3258971 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:

WESTON, TARSHA L 1236 WEST 23RD STREET RIVIEERA BEACH, FL 33404 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: TARSHA WESTON

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 BANKS, LORETTA
 Name:
 SHELLY, SIMPSON

 Address:
 206 BAKER DRIVE
 Address:
 2050 N. CONGRESS AVE #L403

City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: WEST PALM BEACH, FL 33401

Title: V () Delete Title: V (X) Change () Addition Name: SMITH, MIKE Name: WYONA, AUGUSTE

Address: 604 21ST STREET Address: 2974 FREEPORT STREET
City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: RIVIERA BEACH, FL 33404

Title: () Delete Title: (X) Change () Addition JENNIFER, FINDLUYSON SHUFF, JEANNE Name: Name: 730 MALIBU BAY DRIVE #107 3755 N. AUSTRALIAN AVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407

Title: S () Delete Title: S (X) Change () Addition

Name:MC DOWELL, TALIAName:SHAUNDRA, JONESAddress:501 52ND STREETAddress:112 SOUTH ROBBINS DR.City-St-Zip:WEST PALM BEACH, FL 33407City-St-Zip:WEST PALM BEACH, FL 33409

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: TARSHA WESTON RA. 02/11/2009