

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 15, 2011  
Secretary of State**

DOCUMENT# N10000000525

**Entity Name:** CHILDREN'S SAFE PASSAGE, INC.

**Current Principal Place of Business:**

11437 CENTRAL PARKWAY  
102A  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

11437 CENTRAL PARKWAY  
102  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 27-1859832      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, KEITH H  
8810 GOODBY'S EXECUTIVE DRIVE  
JACKSONVILLE, FL 32256 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: KEITH H. JOHNSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, MICHAEL P  
Address: 11437 CENTRAL PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP  
Name: HAZEL, CURTIS  
Address: 10739 DEERWOOD PARK BLVD., STE 200  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL P. WILLIAMS

PRES

11/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date