

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N41003</b> 1. Entity Name <b>JEFF CHILLDON PARENTS GROUP ASSOCIATION, INC.</b>						<div style="border: 1px solid black; padding: 5px; display: inline-block;">FILED</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">04 NOV -3 PM 5:20</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>C/O GEORGE A. GUIDA.....C/O GEORGE A. GUIDA</b> <b>4911 N. SHIRLEY DR.....4911 N. SHIRLEY DRIVE</b> <b>TAMPA, FL. 33603.....TAMPA, FL. 33603</b>							
2. Principal Place of Business		3. Mailing Address		<div style="border: 1px solid black; padding: 5px; display: inline-block;">REINSTATEMENT</div>		FEE: \$200 F2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number <b>59-3068882</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BRANNOCK, STEVEN L ESQ.</b> <b>HOLLAND &amp; KNIGHT</b> <b>400 N. ASHLEY DR.</b> <b>TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>GEORGE A. GUIDA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>11.1.04</u> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2005, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GEORGE A. GUIDA</b> <b>4911 N. SHIRLEY DRIVE</b> <b>TAMPA, FL 33603</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CHAMBLISS, K. WAYNE</b> <b>7335 POTTS RD.</b> <b>RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>900042437069</b>  <b>11/03/04--01032--013 **70.00</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>CAROL W. GUIDA</b> <b>4911 N. SHIRLEY DRIVE</b> <b>TAMPA, FL 33603</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>GEORGE A. GUIDA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				 <small>Date</small>		<u>11.1.04</u> <small>Daytime Phone #</small>	

(813) 238-1402