

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

N95000000120

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 JAN 16 PM 2:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N95000000120

1. Corporation Name FOR THE CHILDREN, INCORPORATED

2. Principal Office Address 1611 W. PLATT STREET 3. Mailing Office Address 1611 W. PLATT STREET

Suite, Apt. #, etc.

City & State TAMPA, FL

Zip Country 33606 USA

4. Date Incorporated or Qualified To Do Business in Florida 12/21/94

5. FEI Number 59-3291433 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name KEITH W. KOEHLER Street Address (P.O. Box Number is Not Acceptable) 1611 WEST PLATT STREET Suite, Apt. #, Etc. City TAMPA State FL Zip Code 33606

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 1/12/01 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Keith W. Koehler and Donna H. Williams, PH.D. Includes handwritten note: Reinstate 1-18-01 [Signature]

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] PRESIDENT Date 1/12/01 813-258-1272 Daytime Phone #

CR2E081 (9/99)