## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N96000001717

FILED Jan 11, 2008 Secretary of State

Entity Name: A BRIGHTER DAY OF PINELLAS COUNTY, INC.

Current P	rincipal Place of Business:	New Principal Place	e of Business:
5981 FIRS SAINT PE	T AVE N TERSBURG, FL 33710 US	6985 FIRST AVE N SAINT PETERSBURG	G, FL 33710 US
Current M	ailing Address:	New Mailing Addres	ss:
5960 CENTRAL AVENUE		6985 1ST AVE N.	
H ST PETER	SBURG, FL 33707 US	ST PETERSBURG, F	FL 33710 US
	: 59-3371145	umber Not Applicable ( ) the prior notice.	Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
ST PETER	TRAL AVE, SUITE 202 SSBURG, FL 33710 US		- d - 65°
	named entity submits this statement for the purpose e of Florida.	of changing its registere	ed oπice or registered agent, or both,
n the State	e of Florida.	of changing its registere	ed office of registered agent, or both,
n the State	e of Florida. RE: _R HILL	of changing its registere	ed office or registered agent, or both,  Date
n the State	e of Florida.		
n the State	RE: R HILL  Electronic Signature of Registered Agent		Date
n the State  SIGNATUF  DFFICERS  Fitle: Name: Address:	e of Florida.  RE: R HILL  Electronic Signature of Registered Agent  S AND DIRECTORS:  P () Delete GERDES, CHARLES 770 2ND AV S	ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
n the State BIGNATUF  DFFICERS  Title: Name: Address: City-St-Zip: Vame: Name: Address:	e of Florida.  RE: R HILL  Electronic Signature of Registered Agent  S AND DIRECTORS:  P () Delete GERDES, CHARLES 770 2ND AV S SAINT PETERSBURG, FL 33701  VPD () Delete ADAIR, JACK 4271 14TH WAY NE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: C GERDES P 01/11/2008