2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2010
Secretary of State

DOCUMENT# N96000003286

Entity Name: ALL ABOUT ADOPTIONS, INC.

Current Principal Place of Business:

3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-3193831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRASS, MIKAL W ESQ
3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: MIKAL W. GRASS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: GRASS, MIKAL W
Address: 3132 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: GOLD, TED
Address: 422 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: CHOW, NELLY
Address: 3899 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126 US

Title: D
Name: GRASS, NATALIE
Address: 1212 SOROLLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: GRASS, MARLENE
Address: 400 LESLIE DRIVE, #430
City-St-Zip: HALLANDALE, FL 33009 US

Title: D
Name: GOLD, ROSA
Address: 422 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

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: MIKAL W. GRASS P 10/20/2010
Electronic Signature of Signing Officer or Director — Date