PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 22 PM 4:38

DOCUMENT # N96000006091

1. Corporation Name
Children First Inc.

REINSTATEMENT 98.00

2. Principal Office Address	**3.** Mailing Office Address
11310 S. Orange Blossom Tr.	11310 S. Orange Blossom Tr
~~Suite~~, Apt. #, etc.	~~Suite~~, Apt. #, etc.
#201	#201
City & State	City & State
Orlando, FL	Orlando, FL
Zip / Country	Zip / Country
32837 / orange	32837 / orange

4. Date Incorporated or Qualified To Do Business in Florida 11/25/96

5. FEI Number — [ ] Applied For [X] Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Richard Fox

800003308008--8
-06/28/00--01076--003
****367.25 ****367.25

Street Address (P.O. Box Number is Not Acceptable)
11310 S. Orange Blossom Tr. #

~~Suite~~, Apt. #, Etc.
#201

City / State / Zip Code
Orlando / FL / 32837

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 _____ Date 5-16-00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Richard Fox	5244 Lk. Margaret Dr.	Orlando, FL 32812
D	Marcie Martinez	5175 Cinderlane Pkwy.	Orlando, FL 32808
D	Jack Fox	5901 Bent Pine Dr.	Orlando, FL 32822
D	Rick Fox	3149 Landtree Pl.	orlando, FL 32812
			AD

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: _____ 5-16-00 407-414-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #