2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004938

City-St-Zip:

Entity Name: I LOVE THE KIDS FOUNDATION, INC.

FILED Mar 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7215 MIAMI LAKES DR #12 HIALEAH, FL 33014 **Current Mailing Address: New Mailing Address:** P O BOX 802032 20935 NW 32ND COURT MIAMI, FL 33280 MIAMI, FL 33056 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **AMERILAWYER** 343 ALMERIA AVENUE CORAL GABLES, FL 33134 US 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: LAWRENCE SCOTT Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PSTD** (X) Change () Addition () Delete SCOTT, LAWRENCE Name: SCOTT LAWRENCE Name: 10305 SOUTHWEST 20 STREET Address: 20935 NW 32ND COURT Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: (X) Change () Addition HAMPTON, BARON BROWN, DARRYL Name: Name: Address: 5855 NW 194 ST Address: 915 FOSTER ROAD City-St-Zip: HIALEAH, FL 33015 City-St-Zip: HALLANDALE, FL 33009 Title: () Delete Title: (X) Change () Addition DAVIS, WILLIAM J III PIERRE, PETER Name: Name: Address: 1514 B NE 5TH CT. Address: 4600 SW 19ST City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: HOLLYWOOD, FL 33023 Title: () Delete Title: () Change (X) Addition Name: Name: EDMUNDS, ROY 20935 NW 32ND COURT Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33169 Title: () Delete Title: () Change (X) Addition SMITH, RAY Name: Name: 20935 NW 32ND COURT Address: Address:

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.

City-St-Zip:

MIAMI, FL 33054

SIGNATURE: LAWRENCE SCOTT PSTD 03/06/2009