

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005858

FILED
Oct 29, 2004
Secretary of State**Entity Name:** IN THE LINE OF FIRE FOR KIDS, INC.**Current Principal Place of Business:**1400 NW 110TH AVE, APT 413
SUNRISE, FL 33322**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 15787
PLANTATION, FL 33318**New Mailing Address:****FEI Number:** 65-0953256 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: CARROLL, BONITA
Address: 1400 NW 110TH AVE, APT 413
City-St-Zip: SUNRISE, FL 33322**Title:** TD () Delete
Name: DAWES, CHERRELLE
Address: 1400 NW 110TH AVE APT 413
City-St-Zip: SUNRISE, FL 33322**Title:** SD () Delete
Name: CARROLL, CAROLYN
Address: 1400 NW 110TH AVE, APT 413
City-St-Zip: SUNRISE, FL 33322**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BONITA CARROLL

PD

10/29/2004

Electronic Signature of Signing Officer or Director

Date