

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

REINSTATEMENT 04



DOCUMENT # P01000112914

1. Entity Name
THE CHILDREN'S ARK, INC.



Principal Place of Business
1025 W PROSPECT RD
13
FT LAUDERDALE, FL 33309

Mailing Address
P.O. BOX 23563
FT LAUDERDALE, FL 33307

2. Principal Place of Business
1025 W - Prospect Rd
Suite, Apt. #, etc. # 13
City & State Ft. Lauderdale, FL
Zip 33309 Country U.S.A.

3. Mailing Address
1025 W - Prospect Rd
Suite, Apt. #, etc. # 13
City & State Ft. Lauderdale, FL
Zip 33309 Country U.S.A.

6. Name and Address of Current Registered Agent
STEWART, LORRAINE
1025 W PROSPECT RD
13
FT LAUDERDALE, FL 33309

4. FEI Number
80-0021076

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Lorraine Stewart* DATE 11/22/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEWART, LORRAINE PO BOX 23563 FT LAUDERDALE, FL 33307	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042998658 11/24/04--01038--007 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine Stewart* DATE 11/22/04 (954) 854-8268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR