APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 3:11

DOCUMENT # N36236

1. Corporation Name

KIDS IN DISTRESS AUXILIARY, INC.

Principal Place of Business	Mailing Address
819 NE 26TH ST 2ND FLOOR WILTON MANORS FL 33305 US	819 NE 26 STREET 2ND FLOOR WILTON MANORS FL ~~33304~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 33305 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/18/1990

5. FEI Number: 65-0175802 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	~~MAYERSOHN, JAMIE~~ Susan Garavaglia	~~1314 CAMELLIA LANE~~ 1129 Creekford Dr	~~WESTON FL 33326~~ Weston FL 33060
VD	~~GIUSEFFI, MARY~~ Roxanne Shriver	~~1063 SW 16TH ST~~ 8 Gatehouse Lake Dr	~~BOCA RATON FL 33486~~ Ft Lauderdale FL 33308
T	~~DRISCOLL, MARION~~ Michelle Noles	~~1152 SW 4TH AVE~~ 4299 Diamond Terrace	~~POMPANO BEACH FL 33060~~ Weston FL 33331
S	~~ESLER, SHARON~~ Doreen Scott	~~4207 DIAMOND TERRACE~~ 43 Cayuga Rd	~~WESTON FL 33331~~ Sea Ranch Lakes FL 33308

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-11/07/00--01081-010
****245.00 ****245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~MAYERSON, JAMIE~~ ~~1314 CAMELLIA LANE~~ ~~WESTON FL 33326~~	Name: Marion Driscoll Street Address (P.O. Box Number is Not Acceptable): 581 SE 11 St Suite, Apt. #, Etc.: City: Pompano Bch State: FL Zip Code: 33060

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Marion Driscoll — Date: 10-16-00
REGISTERED AGENT MUST SIGN

11. 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: Doreen Scott — Oct. 17, 00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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