


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:23

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**REINSTATEMENT** 03

**DOCUMENT # N93000000289**

1. Corporation Name

**100 DEPUTIES, 100 KIDS, INC.**

Principal Place of Business

123 W. INDIANA AVE.  
 DELAND FL 32720  
 US

Mailing Address

123 W. INDIANA AVE.  
 DELAND FL 32720  
 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/14/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3162330	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	



300023759513  
 10/13/03--01088--006 \*\*61.25

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	EDWARDS, JUDITH R	123 W. INDIANA AVE.	DELAND FL 32721
D	VOSS, LORETTA	123 W. INDIANA AVE.	DELAND FL 32721
D	VANCINI, LYNDA	123 W. INDIANA AVE.	DELAND FL 32721
D	HINSHAW, DAVE	123 W INDIANA AVE	DELAND FL 32721
D	LEE, WILLIAM	123 W INDIANA AVE	DELAND FL 32721

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDWARDS, JUDITH R 123 W INDIANA AVE DELAND FL 32721	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

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. or 617.0505, F.S.

Signature of Registered Agent Judith R. Edwards **SIGNATURE REQUIRED** Date 10/8/2003  
 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:** Judith R. Edwards **SIGNATURE REQUIRED** Judith R. Edwards Date 10/8/03 (386) 736-5989  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2040 (7/03)



## *100 DEPUTIES 100 KIDS INC.*

123 West Indiana Avenue • DeLand, FL 32720 • (386) 736-5961 • Fax (386) 736-5986

October 10, 2003

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed our renewal application for 100 Deputies/100 Kids, Inc. Please accept this letter as official documentation that we (100 Deputies/100 Kids) did not receive any prior uniform business report notices until the dissolved/revoked notice which was received yesterday.

Please find enclosed check #1213 in the amount of \$61.25 which is the annual amount due for this non-profit corporation.

Thank you for your attention in this matter. If I can be of any further assistance, please feel free to contact me at the number listed above.

Sincerely,

Judie Edwards,  
President/Chairperson