

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 22 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N9900000059

1. Corporation Name

KIDS 2 KIDS, INC.

**REINSTATEMENT** 02-04  
300026639013  
01/12/04--01004--010 \*\*1058.75

2. Principal Office Address

17055 S.W. 192 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33187

Country

USA

3. Mailing Office Address

17055 S.W. 192 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33187

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/05/1999

5. FEI Number

65-0888470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHERYL WINCHESTER

Street Address (P.O. Box Number is Not Acceptable)

17055 S.W. 192 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]  
REGISTERED AGENT MUST SIGN

Date

1/5/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>ALEXANDER PRONGAY</u>	<u>8831 S.W. 149 Street</u>	<u>Miami, FL. 33176</u>
<u>V</u>	<u>JENNA WINCHESTER</u>	<u>17055 S.W. 192 Street</u>	<u>Miami, FL. 33187</u>
<u>S</u>	<u>LAURA WINCHESTER</u>	<u>17055 S.W. 192 Street</u>	<u>Miami, FL. 33187</u>
<u>D</u>	<u>CHERYL WINCHESTER</u>	<u>17055 S.W. 192 Street</u>	<u>Miami, FL. 33187</u>

10. 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)(l), 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:

Alexander Prongay  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/04

Daytime Phone #

305-253-5482

CR2E081 (10/02)