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 27 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000081703**

1. Corporation Name

KIDBEC ENTERPRISES, INC.

REINSTATEMENT

700024170647
10/27/03--01082--006 **158.75

Principal Place of Business	Mailing Address
1991 CORPORATE WAY. SUITE 183 LONGWOOD FL 32750	1991 CORPORATE WAY. SUITE 183 LONGWOOD FL 32750

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
1694 Timocuan Way	1694 Timocuan Way
Suite, Apt. #, etc.: Unit 134	Suite, Apt. #, etc.: Unit 134
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750- Country:	Zip: 32750 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/29/2002

5. FEI Number: -06-1640685 ☐ 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	EDLUND, BRIAN	~~1991 CORPORATE WAY, SUITE 183~~ 1694 Timocuan Way, Unit 134	LONGWOOD FL 32750
VD	IDDIOLS, KRISTIN	~~1991 CORPORATE WAY, SUITE 183~~ 1694 Timocuan Way, Unit 134	LONGWOOD FL 32750
SD	EDLUND, CHRISTINE	~~1991 CORPORATE WAY, SUITE 183~~ 1694 Timocuan Way, Unit 134	LONGWOOD FL 32750
TD	IDDIOLS, DEAN	~~1991 CORPORATE WAY, SUITE 183~~ 1694 Timocuan Way, Unit 134	LONGWOOD FL 32750

700024170647
10/27/03--01082--005 **600.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name: Kristin S. Iddiols Street Address (P.O. Box Number is Not Acceptable): 1694 Timocuan Way, Suite, Apt. #, Etc.: Unit 134 City: Longwood State: FL Zip Code: 32750

CR2E040 (7/03)

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: SIGNATURE REQUIRED Date: 10.20.03

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: SIGNATURE REQUIRED Kristin S. Iddiols 10.20.03 407-678-8318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #