

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 # N99000000059

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

Cheryl Winchester

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
P	Alexander Prongay	8831 S.W. 149 Street	Miami, FL 33176
✓	JENNA WINCHESTER	17055 S.W. 192 Street	Miami, FL 33187
S	LAURA WINCHESTER	17055 S.W. 192 Street	Miami, FL 33187
D	CHERYL WINCHESTER	17055 S.W. 192 Street	Miami, FL 33187

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)(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:

Alexander Prongay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander Prongay

Date

305-253-5482
1/5/04

Daytime Phone #

CR2E081 (10/02)