Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

CORPORATION REINSTATEMENT

KIDD INTERNATIONAL HOME CARE, INCORPORATED

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000006031

1. Corporation Name

Kidd International Home Care, Incorporated

REINSTATEMENT 09

CR2E081 (10/09)

2. Principal Office Address- No P.O. Box #	3. Mailing Office Address
6856 Eastern Avenue, NW	6856 Eastern Avenue, NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Washington, DC	City & State: Washington, DC
Zip: 20012 County: USA	Zip: 20012 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/2004

5. FEI Number: 521918784 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

☑ The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices. By checking this box, you are certifying the prior notices were not recieved and requesting the reinstatement fee be waived.

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

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

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
PTC	Michael L. Kidd	1416 Rhode Island Avenue, NW	Washington, DC 20005
vsvc	Mikeyla J. Kidd	3581 Laurel View Court	Laurel, MD 20724
D	Lewis L. Lovett	7316 Finns Lane	Lanham, MD 20706

10. E-mail Address: lewis.lovett@kiddintl.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: _____ Lewis L. Lovett, Director 11-9-09 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#

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