

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

10/2

FILED

06 NOV 15 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06



10272006 REIN-NP CR2E099 (11/05)

4. FEI Number 37-1170527 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F96000005388  
1. Entity Name  
H.I.S. K.I.D.S. INCORPORATED



Principal Place of Business  
~~PO BOX 112 N/A~~ 908 LAURAL  
HIGHLAND, IL 62249 US

Mailing Address  
5389 DAVINI ST.  
SARASOTA, FL 34238

2. Principal Place of Business  
908 LAURAL

3. Mailing Address  
5389 DAVINI ST

Suite, Apt. #, etc.

City & State  
HIGHLAND IL

City & State  
SARASOTA, FL

Zip 62249 Country ADDISON

Zip 34238 Country SARASOTA

6. Name and Address of Current Registered Agent

MILES, JAMES H III  
~~1020 STELLA DR~~ 5389 DAVINI ST.  
SARASOTA, FL ~~34234~~ 34238

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5389 DAVINI ST  
City SARASOTA FL Zip Code 34238

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James H. Miles III 10-30-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2007, Fee will be \$297.50

Make check payable to  
Florida Department of State

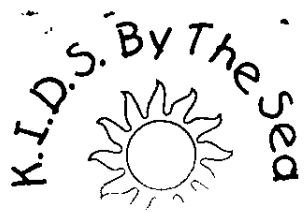
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONK, ROBERT			NAME			
STREET ADDRESS	12901 ANDREW DR.			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND, IL 62249			CITY-ST-ZIP			
TITLE	DPT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILES, JAMES H III			NAME			
STREET ADDRESS	5389 DAVINI ST.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34238			CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILES, CONNIE L			NAME			
STREET ADDRESS	5389 DAVINI ST.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Miles III 10-30-06 941-302 8412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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For Families Affected by Childhood Cancer.  
A Division of H.I.S. K.I.D.S., Inc.

P.O. Box 19355  
Sarasota, Florida 34276-2355  
Phone: (941) 927-7020  
Fax: (941) 922-2322

location: 1620 Stella Drive, Sarasota, Florida

Dear Sir,

Called & talked to someone about my  
reinstatement fee of \$236.25. I talked about  
not receiving any forms like we did in  
the past.

He advise me to send in our letter  
& explain we didn't receive any forms to  
fill out. He advised me to send in our  
normal \$61.25 with this letter and explain  
our case. Please help

Thank you  
James B. McIntire

