

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED

01 OCT 25 PM 2:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006678**

1. Corporation Name

NINE MONTHS ADOPTIONS, INC.

Principal Place of Business

Mailing Address

8676 WEST 96TH ST., STE. 200
 OVERLAND PARK KS 66212

8676 WEST 96TH ST., STE. 200
 OVERLAND PARK KS 66212

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2001

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/17/1997	
City & State		City & State		5. FEI Number	
				74-2806225	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
D	LANCE, T. SEAN	9419 TAYLOR 411 S. MELVILLE AVE #2	OVERLAND PARK KS 66212 TAMPA, FL 33606
P	EDSTROM, JACK	11811 W. 149TH	OLATHE KS 66062
V	MARS, SUSAN	10029 CONNELL	OVERLAND PARK KS 66212
S	YOUNG, JONATHAN D. LANCE, T. SEAN	15226 S ALBRUNN 411 S. MELVILLE AVE #2	OLATHE KS 66062 TAMPA, FL 33606
D	MARS, TED	10029 CONNELL	OVERLAND PARK KS 66212
D	MORRIS, WADE	13242 LONG	OVERLAND PARK KS 66213

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TATE, JEANNE T. 101 E. KENNEDY BLVD., STE. 3700 TAMPA FL 33602		LANCE, T. SEAN 411 S. MELVILLE AVE #2 TAMPA, FL 33603	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
		Zip Code	

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.

Signature of Registered Agent: [Signature] **SIGNATURE REQUIRED** Date: 10/22/01
 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] **SIGNATURE REQUIRED** Date: 10/22/01 813.240.1888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)