

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN -3 AM 10:44

DOCUMENT # **K98308**

1. Corporation Name

KIDS R TOPS, INC.

Principal Place of Business

**215 KINGSWAY RD
BRANDON FL 33510
US**

Mailing Address

**215 KINGSWAY RD
BRANDON FL 33510
US**



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0145712

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

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
P	BROWN, VICTORIA G	406 COPPERLEAF CIR	BRANDON FL 33511

300004775783--3
-01/15/02--01048--008
******758.00 ****758.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BROWN, VICTORIA G
406 COPPERLEAF CIRCLE
BRANDON FL 33511**

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 REQUIRED
Victoria G Brown

REGISTERED AGENT MUST SIGN

Date **11-11-2001**

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
Victoria G Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-2001

Date

Daytime Phone #

CR2E040 (8/01)