


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAYR/52

CORPORATION

 **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L62080

1. Corporation Name
Neighborhood Kids Preschool of
Nob Hill, Inc.

2. Principal Office Address
10051 W. Oakland PK. Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Sunrise, FL.

City & State

Zip 33351 **Country** U.S.

Zip **Country**

FILED

02 OCT 25 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida Sept. 91

5. FEI Number 65-0283486 **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 Laurie Amos-Fox **200008552452**

Street Address (P.O. Box Number is Not Acceptable) 2741 NE 29 Ct. **10/23/02--01101--007 **308.75**

Suite, Apt. #, Etc.

City Ft. Lauderdale **State** FL **Zip Code** 33306

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 Laurie Amos-Fox **Date** 10/21/02

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
Pres.	Jacquelyn Amos-Murray	2302 Bay Dr.	Pompano Bch., FL 33062
V. Pres	Laurie Amos-Fox	2741 NE 29 Ct.	Ft. Lauderdale, FL 33306

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: Laurie Amos-Fox **954-567-3384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Laurie Amos-Fox **Date** 10/21/02 **Daytime Phone #**

CR2ED81 (9/01)

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Neighborhood Kids Preschool of Nob Hill, Inc.
10651 West Oakland Park Blvd
Sunrise, FL 33351

October 21, 2002

To Whom It May Concern:

We have not received our annual corporation renewal for the past 2 years, including this year, and would like to be reinstated. I have updated our corporations information on the reinstatement document.

Thank You,


Laurie Amos-Fox
Vice-President