PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

KIDS KATTLE KOMPANY, INC.

Mailing Address

FILED

97 110V - 4 AM 10: 48

SECRETALM OF STATE TALLAHASSUE, FLORIDA



FT PIERCE FL 34982 US			2410 KELLY CT FT. PIERCE FL 34982 US						
		incorrect in any way, line t			and enter correction below.	4 Pote Incom	aroted as Ovellijad		
						Date Incorporated or Qualified To Do Business in Florida 08/29/1990			
Suite, Apt. #, etc. Suite, Apr				∦, etc.		5. FEI Numbe	5. FEI Number Applied For		
City & State			City & State				65-0234348	Not Applicable	
Zip Country Z		Zip	Zip Coun		6. CERTIFICATE OF STATUS DESIRED S8.		5 Additional Fee required r a Certificate of Status		
7. Names	and Street Ad		d/or Director (Flo	rida nonprof	it corporations must list at k	· · · · · · · · · · · · · · · · · · ·			
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I		or	umbors) City / State / Zip			
D	KING, DANIEL			2410 KELLY COURT			FT. PIERCE FL		
D	WEAVER, TONI			2325 SW INDEPENDENCE RD.			PORT ST. LUCIE FL		
						51	00002339: -11/05/970: ****750.00	1111006	
					REINSTATEMENT 97				
				,			11-5-97		
-									
Name and Address of Current Registered Agent Name						9. Name and A	Name and Address of New Registered Agent		
KING, DANIEL									
2410 KELLY CT				Street Address (P.O. Box Number is Not Acceptable)					
FT. PIERCE FL 34982				Suite, Apt. #, Etc.					
					City		State	Zip Code	
10. I. beind	appointed th	e realstered egent of the sh	ove named coroc	ration am fa	amiliar with and accept the	obligations of Secti	PL 00 607 0505 ES		
Signature of Registered	of —	Daniel -	PEGISTERED AG	r == 1	1 1 1	70 · And Accordance	Date 10.29-0	<u>-</u> مـــــا	
11. Th	is corpo angible	ration owes or h Personal Proper	as paid th ty tax due	e curre June 3	nt year 30. Yes	No 🏋	(See other side on Intang		
12. I certify this rein	that I am an o	officer or director or the reco	elver or trustee en solution has been	npowered to eliminated, t	execute this application as	provided for in cha s the requirements	pter 607 or 617, F.S. I further c of section 607.0401 or 617.040	ertify that when filing	

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.

261-343-2411