

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 20 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M50137**

1. Corporation Name

KIDDE COUNTRY CLUB SCHOOL, INC.

Principal Place of Business

990 S.W. LEJEUNE ROAD
MIAMI FL 33134

Mailing Address

990 S.W. LEJEUNE ROAD
MIAMI FL 33134

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

04/13/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2803278

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	HOFFMEISTER, DELIA	990 S.W. LEJEUNE ROAD	MIAMI FL 33134
P	Duarte-Romero, Gina C.	990 S.W. Lejeune Rd	Miami, FL. 33134
V	Siaba, Martha	990 S.W. Lejeune Rd	Miami, FL. 33134
T	Siaba, Hiram	990 S.W. Lejeune Rd	Miami, FL. 33134
S	Romero, Erlan	990 S.W. Lejeune Rd	Miami, FL. 33134

REINSTATEMENT 99 ITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOFFMEISTER, DELIA
990 S.W. LEJEUNE RD.
MIAMI FL 33134

000003031820--8
-11/02/99--01820--029
***758.75 ***758.75

Name

Gina C. Duarte-Romero

Street Address (P.O. Box Number is Not Acceptable)

990 S.W. Lejeune Rd.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33134

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

Gina C. Duarte-Romero

REGISTERED AGENT MUST SIGN

Date

Oct. 13, 1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina C. Duarte-Romero

Oct. 13, 1999

Date

(305)

443-6297

Daytime Phone #