

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 29 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M94488

1. Corporation Name

MIAMIAN KIDS, CORP.

2. Principal Office Address

3855 SW 137 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

MIAMI DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

91-01

4. Date Incorporated or Qualified
To Do Business in Florida

08-16-1988

5. FEI Number

65-0068059

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

FRANK PEREDA

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

15953 SW 74 STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33193

LS
900003655579-6
-02/07/01--01021--026
***2170.00 ***2170.00

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

Frank Pereda

REGISTERED AGENT MUST SIGN

Date 1-25-2001

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
PD	FRANK PEREDA	15953 SW 74 STREET	MIAMI FL 33193

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:

Frank Pereda

FRANK PEREDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2001

Date

(305) 596-5727

Daytime Phone #