

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200137740522
11/07/08--01032--004 **245.00

DOCUMENT # N 00000002561

1. Corporation Name

We R 4 kids, Inc.

W08-48433

REINSTATEMENT 05-08

CR2E081 (1/07)

11/5

2. Principal Office Address - No P.O. Box #

4338 Kariba Lake Terr

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip Country
34243 US

3. Mailing Office Address

4338 Kariba Lake Terr

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip Country
34243 US

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/12/2000

5. FEI Number

65-1001675

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
Lorraine N. Raymer

Street Address (P.O. Box Number is Not Acceptable)
4338 Kariba Lake Terr

Suite, Apt. #, Etc.

City
Sarasota

State Zip Code
FL 34243

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Lorraine N. Raymer

REGISTERED AGENT MUST SIGN

Date 10/28/08

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
ED	Lorraine N. Raymer	4338 Kariba Lake Terr	Sarasota, FL 34243

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 contained in Chapter 119, 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

Lorraine N. Raymer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/08
Date

941-355-6502
Daytime Phone #