	PLEASE READ	ALL INSTRUC	CTIONS BEFORE (	COMPLET	ING THIS FORM	i.
	PPLICATION FOR NSTATEM	BC Secr	A DERATIMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS		FILED	
DOCUMENT # N00000065			27		! NOV 13 PM 5: 4	1
]	.C.H. KIDS INC.		<i>:</i>	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal F	Place of Business	Mailing Address		-		
2190 CHRISTINE DR 2190 CHRI TITUSVILLE FL 32796 TITUSVILLE					<u> </u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below				11/	13/020104600	5 **61.25
2. New P	rincipal Office Address, If Applicable	3. New Mailing Office	ailing Office Address, If Applicable		orated or Qualified ness in Florida	0/02/2000
•		Suite, Apt. #, etc.			г	Applied For
City & State		City & State		59-3664407		Not Applicable
Zip Country		Zip	Country			75 Additional Fee required or a Certificate of Status
7. Names	and Street Addresses of Each Officer and	or Director (Florida non)	profit corporations must list at lea	st 3 directors)		
Title(s)	Fittle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
DST COPELAND, CLARA		· · · · · · · · · · · · · · · · · · ·	4302 SEYBOLD AVE		ORLANDO FL 32808	
D	D DAYHOFF, COLLEN		2190 CHRISTINE DR		TITUSVILLE FL 32796	
DPV	DPV BLOSSEY, ERIC H		4302 SEYBOLD AVE		ORLANDO FL 32808	
				i		
1,.1			1 2			
				9. Name and A	ddress of New Registered A	Agent
DAYHOFF, COLLEEN S						
	CHRISTINE DR	Street Address (P.	Street Address (P.O. Box Number is Not Acceptable)			
TITUSVILLE FL 32796			Suite, Apt. #, Etc.			
			City		State	Zip Code
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. or 617.0505, F.S.						
Signature of Registered A	<i>a</i>	1 1	694KRED	•	Day 151 - 20)	

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:

REGISTERED AGENT

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