

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01000004786**

1. Corporation Name

**KIDS IN NEED OF FAMILIES OFFERING LOVE, KINDNESS
AND SUPPORT, INC.**

Principal Place of Business

Mailing Address

5351 9TH STREET SOUTH
ST. PETERSBURG FL 33705

5351 9TH STREET SOUTH
ST. PETERSBURG FL 33705

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number

84-1653826

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	REDDICK, TRACIE	5351 9TH STREET SOUTH	ST. PETERSBURG FL 33705
D	BOSTOCK, NANCY	4124 BEACH DRIVE S E	ST. PETERSBURG FL 33705
D	FOSTER, WINNIE	311 57TH AVENUE SOUTH	ST. PETERSBURG FL 33705
D	TOWNSEND, BRENDA	4202 E. FOWLER AVENUE, EDU 162	TAMPA FL 33620
D	VAZ, KIM	4202 E. FOWLER AVENUE, EDU 162	TAMPA FL 33620

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REDDICK, TRACIE
5351 9TH STREET SOUTH
ST. PETERSBURG FL 33705

Name

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

Suite, Apt. #, Etc.

City

000040082560

08/11/04--01013--011 State # 25

FL

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 Agent

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

REINSTATEMENT 03-04



M.R.D.

CR2E040 (7/03)