


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

**DOCUMENT # NO1000004786**

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

**REINSTATEMENT 03-04**

Principal Place of Business	Mailing Address
5351 9TH STREET SOUTH ST. PETERSBURG FL 33705	5351 9TH STREET SOUTH ST. PETERSBURG FL 33705



*M.R.D.*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/02/2001	
City & State		City & State		5. FEI Number	
Zip		Country		84-1653826	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
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 # Zip Code 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:** *Tracie Reddick* **8/6/04** **(727) 906-8927**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)