

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 15 PM 1:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05-10

REINSTATEMENT

500165320825

01/08/10--01026--007 **376.25

CR2E081 (11/09)

DOCUMENT # N02000002408

1. Corporation Name

For the Kids Foundation of Florida, Inc.

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

302 E. Henry Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

USA

3. Mailing Office Address

302 E. Henry Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 4/03/2002

5. FEI Number

59-0135925

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

Jeffrey S. Huggins

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

302 E. Henry Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

☒ 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

Date 1/06/2010

REGISTERED AGENT MUST SIGN

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
P/D	Jeffrey S. Huggins	302 E. Henry Ave.	Tampa, FL 33604
D	Anne Marie Huggins	302 E. Henry Ave.	Tampa, FL 33604
D	David J. Huggins	1903 Capri Road	Valrico, FL 33594

M. MILLIGAN
EXAMINER

FEB 17 2010

10. E-mail Address: j.huggs@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

JEFFREY S. HUGGINS

1/06/2010

813-453-6006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #