

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 AM 8:00

DOCUMENT # N02000003598

1. Corporation Name

Safe Kids Safe Neighborhoods, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

17325 Homestead Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

9261 Marine Dr.

Suite, Apt. #, etc.

5/7/04 01073 031 *306.45

City & State

Miami, FL

City & State

Miami, FL

4. Date Incorporated or Qualified To Do Business in Florida

5/13/02

5. FEI Number

75-3049674

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33189

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gwen Gibson

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

9261 Marine Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33189

MRS

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

Gwen Gibson

REGISTERED AGENT MUST SIGN

Date

06/08/04

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	Gwen F. Gibson	9261 Marine Drive	Miami, FL 33189
VP	Herbert Gibson	9261 Marine Drive	Miami, FL 33189
S	Eunice Gibson	22346 SW 103 CT	Miami, FL 33190
T	Gwen F. Gibson	9261 Marine Drive	Miami, FL 33189

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 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:

Eunice Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-234-3793

Daytime Phone #

CR2E001 (01/04)