

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

102600007708
Just 4 Kids, Inc.

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

3628 Duck Ave

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

1107 Leon Street

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

7. Name and Address of Current Registered Agent

Name

Robert Cintron, Jr.

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

317 Whitehead Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

REGISTERED AGENT MUST SIGN

Date

4/10/2007

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
PP	Paula Ciavolino	3628 Duck Ave.	Key West, FL 33040
VP	Cady Holt Kamp	520 Ave B	Key West, FL 33040
D	Elmira Leto	2832 Staples Ave	Key West, FL 33040
D	Francis England	2383 Middle Torch Rd	Summerland Key FL 33042

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 contained in Chapter 119, 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:

Paula Ciavolino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

305 292 6873

Daytime Phone #

FILED

2007 JUN -1 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200103730312

06/01/07--01015--015 **306.25

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

030488385

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.