

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

03 OCT 17 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009695

1. Corporation Name

KIDSWECARE, INC.

Principal Place of Business

Mailing Address

15001 ARBOR LAKE DRIVE E #203
FT MYERS FL 33917

15001 ARBOR LAKE DRIVE E #203
FT MYERS FL 33917



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15001 ARBOR LAKE DR. E.

Suite, Apt. #, etc.

#203

City & State
FT MYERS FL

Zip Country
33917

3. New Mailing Office Address, If Applicable

15001 ARBOR LAKE DR. E.

Suite, Apt. #, etc.

#203

City & State
FT MYERS FL

Zip Country
33917

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2002

5. FEI Number

05-1196842

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	CALVERT, BOBBY L	4461 RIVER GROVE LN	FT MYERS FL 33905
D	CALVERT, BOBBY L Linda D. Simpson	15001 ARBOR LAKE DRIVE E #203	FT MYERS FL 33917
D	O'CALLAGHAN, BRIAN	1098 ANTIOCH GREENBRIAR ROAD	ALVATON KY 42122

300023906123
10/17/03--01052--009 **61.25

8. Name and Address of Current Registered Agent

SIMPSON, LINDA

15001 ARBOR LAKE DRIVE E #203
FT MYERS FL 33917

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Linda Simpson

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Bobby L. Calvert

Bobby L. CALVERT

Date

10/14/03

Daytime Phone #

239-694-8882

Character
Value
Programs



Kids We Care

KidsWeCare.inc
15001 Arbor Lakes Dr. E. #9
Ft. Myers, Florida 33917
Ph. 239.567.1747 Fax 239.694.8885
Email: www.kidswecare.com

Oct. 13, 2003

To Whom It May Concern:

We formed as a corporation on 12/16/2002.
We never received an Annual Report Form to file this year, and now we receive a notice of Administrative Dissolution or Revocation.

Enclosed is our Application for Reinstatement along with a check for \$61.25.
We ask that you please waive the Reinstatement Fee since we have not received the forms.

Thank you.

Sincerely,



Linda Simpson
Director/Register Agent

