

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 PM 4:19

DOCUMENT # *NO30000000478*

1. Corporation Name

Kidscare Charity Foundation, Inc

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

2835 Hardway Ln
Suite, Apt. #, etc.

3. Mailing Office Address

2835 Hardway Ln
Suite, Apt. #, etc.

City & State

Malabar FL

City & State

Malabar FL

Zip

32950

County

Brevard

Zip

32950

County

Brevard

700166945427
*01/22/10--01029--017 **193.75*
REINSTATEMENT (09) *08-10*

4. Date Incorporated or Qualified To Do Business in Florida

1/13/03

5. FEI Number

223892844

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

Jacquelin Behrmann

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

2835 Hardway Ln

Suite, Apt. #, Etc.

City

Malabar

State

FL

Zip Code

32950

☒ 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

[Signature]

Date

1/20/10

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 |
|----------|-----------------------------------|--|------------------------------|
| <i>P</i> | <i>Jacquelin Behrmann</i> | <i>2835 Hardway Ln</i> | <i>Malabar FL 32950</i> |
| <i>M</i> | <i>Fontana Beaubien</i> | <i>2835 Hardway Ln</i> | <i>Malabar FL 32950</i> |
| <i>M</i> | <i>Chadrah Fertel Sr</i> | <i>225 5TH Ave</i> | <i>Indianapolis IN 32903</i> |
| <i>M</i> | <i>Isabel Behrmann</i> | <i>2835 Hardway Ln</i> | <i>Malabar FL 32950</i> |
| | | | |
| | | | |

10. E-mail Address: *jbergerline@aol.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/10 321-458-2502

Daytime Phone #