

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 28 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NOS000005606

1. Corporation Name

Perdido Kids Park Inc

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

3453 Nighthawk Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola

City & State

FL

Zip

32506

Country

Escambia

Zip

Country

300142296183
01/28/09--01027--017 **183.75

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2883741

☐ 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

Evelyn Davis

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

3453 Nighthawk Ln

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

☒ 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]

REGISTERED AGENT MUST SIGN

Date

1/22/09

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
<u>P</u>	<u>EVIE Davis</u>	<u>3453 Nighthawk Lane</u>	<u>Pensacola, FL 32506</u>
<u>VP</u>	<u>Nina wood</u>	<u>2725 Kepler Ave</u>	<u>Pensacola FL 32507</u>

REINSTATEMENT

01-09/09
01/29

*As per telephone conversation with Evelyn Davis on 1/29
Officer/director titles updated*

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/09

Date

Daytime Phone #

810 492-3678