PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

09 MAR -2 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N06000002570

1. Corporation Name

Kids In Need Inc.

CR2E081 (12/07)

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

1411 Valencia Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

1411 Valencia Ct

Suite, Apt. #, etc.

City & State

Haines City, Fl.

City & State

Haines City, Fl

4. Date Incorporated or Qualified To Do Business in Florida   3/7/06

Zip 33844	Country United States	Zip 35844	Country

5. FEI Number 432099822   ☐ 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 Michael E Gallon

Street Address (P.O. Box Number is Not Acceptable) 1411 Valencia CT

Suite, Apt. #, Etc.

City Haines City   State FL   Zip Code 33844

☑ 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 _____

REGISTERED AGENT MUST SIGN

Date 03/02/09

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
D	Dottie Reliford	1411 Valencia Ct	Haines City, Fl. 33844
D	Michael E Gallon	1411 Valencia Ct	Haines City, Fl. 33844
			9001447771799
			03/03/09--01001--002 **192.50
	REINSTATEMENT		RLH);

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: _____   Date 03/02/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #