

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 JAN 29 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000009867

1. Corporation Name

Kids Glorified Community Development Corp.

2. Principal Office Address - No P.O. Box #
6271 NW 201 STREET

3. Mailing Office Address
6271 NW 201 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL.

City & State
HIALEAH, FL.

Zip
33015

Country
USA

Zip
33015

Country
USA

900142418319
01/29/09--01046--008 **183.75
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 09/20/2006

5. FEI Number
30-0488858

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
Donata Joseph

Street Address (P.O. Box Number is Not Acceptable)
6271 NW 201 Street

Suite, Apt. #, Etc.

City
Hialeah

State Zip Code
FL 33015

☒ 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

Date 01/15/2009

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
CEO	Donata Joseph	6271 NW 201 Street	Hialeah, FL 33015
CEO	Cherlyn McKinney Taylor	19515 NW 1ST PL	Miami, FL 33169
CPA	Charlotte McKinney	1510 S 24th Avenue	Hollywood, FL 33020

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2009

Date

786-523-3606

Daytime Phone #

1/30