

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO6000011658**

1. Corporation Name

Franchise Kids Foundation, Inc.

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

7031 48th Ave E

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 31

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Ellenton, FL

Zip

34221

Country

United States

Zip

34222

Country

United States

7. Name and Address of Current Registered Agent

Name

Jonathan Styles

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

7031 48th Ave E

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

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

Jonathan Styles
REGISTERED AGENT MUST SIGN

Date **11/14/09**

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
P	Fabian Washington	7440 39 th Ct. E	Sarasota, FL 34243
V	Garry Lowe	1115 10 th St. W	Palmetto, FL 34221
D	Jonathan Styles	7031 48 th Ave E	Palmetto, FL 34221

REINSTATEMENT

10. E-mail Address: **jstyles@franchisekidsfoundation.org**

(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:

Jonathan Styles

Jonathan Styles

Date **11/14/09**

(941) 730-6957
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2009 NOV 17 A 10:53

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

800162894828
11/17/09--01037--013 **297.50

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

11/7/06

5. FEI Number

20-5848954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.