

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 10 DEC 29 PM 3:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09000006610

1. Corporation Name

FISH KIDS, INC.

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

11482 Key Biscayne Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32218

Country

USA

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

April 22, 2008

5. FEI Number

41-2277035

☐ 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

Ava L. Parker

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

101 EAST UNION STREET

Suite, Apt. #, Etc.

SUITE 200

City

Jacksonville

State

FL

Zip Code

32202

REINSTATEMENT

700189098647

12/29/10--01020--021 **245.00

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

Ava L. Parker

REGISTERED AGENT MUST SIGN

Date **12-28-10**

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/D	Ava L. Parker	101 E. Union Street, Suite 200	Jacksonville, FL 32202
D	Lorri Banks	117 Woodlake Terrace	Suffolk, VA 23434
D	James White	8135 Jaime Drive	Milton, FL 32583
D	Pamela Prier	10990 Hickory Trace Lane	Jacksonville, FL 32256
D	Brenda Priestley-Jackson	5089 Andrew Robinson Drive	Jacksonville, FL 32209

S. HAWKES

10. E-mail Address: **avaparker@lpnlaw.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, F.S., and 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

Ava L. Parker **Ava L. Parker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-10

Date

Daytime Phone #

EXAMINED
 DEC 28 2010