

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002199

1. Corporation Name

KISSIMMEE VALLEY CHILDREN'S FOUNDATION, INC.

REINSTATEMENT 2002-2003

2. Principal Office Address

2874 E. Irlo Bronson

3. Mailing Office Address

3956 Town Center Blvd

Suite, Apt. #, etc.

Memorial Highway

Suite, Apt. #, etc.

Suite 278

City & State

Kissimmee, FL

City & State

Orlando, FL

Zip

34744

Country

USA

Zip

32837

Country

USA

4. Date Incorporated or Qualified -
To Do Business in Florida

05/10/1993

5. FEI Number

59-3201852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

300022093513
08/04/03--01065--008 **297.50
08/17/03

7. Name and Address of Current Registered Agent

Name

Gary Smith

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

2001 Granada Blvd.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

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

X *Gary Smith*
REGISTERED AGENT MUST SIGN

Date 7-22-03

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
Pres	Janis Smith	2001 Granada Blvd.	Kissimmee, FL 34746
VP	Guy Lindsey	656 Adriane Park Circle	Kissimmee, FL 34744
Sec/Tre	Michael R. Flippo	2900 Pineridge Circle	Kissimmee, FL 34746
	List of Directors are attached		

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 under section 119.07(3)(i), 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

Guy Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-03

Date

407-(47-9397

Daytime Phone #

CR2E081 (10/02)

Titles	Name of Director	Address	City/State/Zip
Director	Janis Smith	2001 Granada Blvd.	Kissimmee, FL 34746
Director	John Wilker	2616 Florence Drive	Kissimmee, FL 34744
Director	Michael Link	264 Oakhurst Circle	Kissimmee, FL 34744
Director	Joanne Turner	1201 Hancock Circle	St. Cloud, FL 34769
Director	Nick Henry	3145-D Heron Lake Drive	Kissimmee, FL 34741