


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N93000002199</u>			
1. Corporation Name KISSIMMEE VALLEY CHILDREN'S FOUNDATION, INC.			
2. Principal Office Address 2874 E. Irlo Bronson Suite, Apt. #, etc. Memorial Highway City & State Kissimmee, FL Zip 34744		3. Mailing Office Address 3956 Town Center Blvd Suite, Apt. #, etc. Suite 278 City & State Orlando, FL Zip 32837	
Country USA		Country USA	

FILED
03 AUG -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002-2003

300022093513 08/04/03--01065--008 **297.50 08/8/03	
4. Date Incorporated or Qualified-- To Do Business in Florida 05/10/1993	
5. FEI Number 59-3201852	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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 <u>X</u> <u>Gary Smith</u>		Date <u>7-22-03</u>	
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
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 <u>Guy Lindsey</u>		Date <u>7-22-03</u>	Daytime Phone # <u>407-(47-9397</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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