

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004837

1. Corporation Name  
KIDSPEED, INC.

FILED  
99 NOV 10 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P O BOX 290956  
TEMPLE TERRACE FL 33617  
US

Mailing Address  
P O BOX 290956  
TEMPLE TERRACE FL 33617  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3186979

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>DP</del> DT	<del>CORREA, DIANA</del> CORREA, DIANA	<del>8700 N 50TH ST APT 906</del> 5912 STRATTON PARK DR.	TEMPLE TERRACE FL 33617
<del>DS</del> DS	<del>STONE, STEVE</del> TROISE, LEIDIA	<del>8810 CRISTINA DR</del> 6827 BLUFFS BLVD.	<del>RIVERVIEW FL 33508</del> TEMPLE TERRACE, FL 33617
<del>DV</del> DV	<del>SHOOK, WILLIAM B</del>	<del>3917 EDEN ROCK CIRCLE EAST</del>	<del>TAMPA FL</del>
<del>DP</del> DP	LAVELY, PAUL	11820 A HARTREE LK LN 1119 BRISTOLWOOD ST	TAMPA FL 33617 BRANDON, FL 33510
<del>DV</del> DV	MOORE, JACK	221 W. THOMAS ST.	TAMPA FL 33604 500003050725-0 -11722799--01054-183 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

CORREA, DIANA  
8700 N 50TH ST APT 906  
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name  
LAVELY, PAUL J  
Street Address (P.O. Box Number is Not Acceptable)  
1119 BRISTOLWOOD ST  
Suite, Apt. #, Etc.  
City  
BRANDON  
State  
FL  
Zip Code  
33510-2606

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Paul J. Lavely*

REGISTERED AGENT MUST SIGN

Date 10-29-99

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 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:

*Paul J. Lavely* PAUL J. LAVELY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-99 744-6038  
Date Daytime Phone #

CR20040 (8/99)