PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003345

1. Corporation Name

Kids In Desperate Situations, Inc.

2. Principal Office Address	3. Mailing Office Address
4116 Forbes Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plant City, FL	City & State: Plant City, FL
Zip: 33565 Country: Hillsborough	Zip: 3356 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 7/7/94

5. FEI Number: 59-3387175 ☐ 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: Pamela T. Judah

Street Address (P.O. Box Number is Not Acceptable): 4116 North Forbes Road

Suite, Apt. #, Etc.:

City: Plant City State: FL Zip Code: 33565

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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: Pamela Judah
REGISTERED AGENT MUST SIGN

Date: 3/2/00

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
PD	Judah,Pamela	4116 N. ~~Forbes~~ Road	Plant City, FL 33566
SD	Judah, Robert	4116 N. Forbes Road	Plant City, FL 33566
TD	Owens, Robert W	5707 Orient Road	Tampa, FL 33610

REINSTATEMENT 99-00 TS

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: Pamela Judah 3/2/00 813-754-6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #