

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008604496
10/28/02--01019--017 **245.00

DOCUMENT # **N96000005181**

1. Corporation Name

A CHILD'S FIRST IMPRESSION, INC.

Principal Place of Business

1221 N.W. 46 AVENUE
LAUDERHILL FL 33313

Mailing Address

1221 N.W. 46 AVENUE
LAUDERHILL FL 33313

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1996

5. FEI Number

65-0724481

Applied For

Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	ROBINSON, WILLIAM M	1221 NW 46 AVE	LAUDERHILL FL 33313
S	JENKINS, VIRGINIA Deceased Chad Cooper	1221 NW 46 AVE 16224 NW 82 nd Place	LAUDERHILL FL 33313 Miami Lakes, FL 33016
T	ROBINSON, BURNETTA L	1221 NW 46 AVE	LAUDERHILL FL 33313
D	ROBINSON, ROBYN	1221 N.W. 46 AVENUE	LAUDERHILL FL 33313
T	HALL, BEATRICE B	2611 N.W. 56 AVENUE, APT. 509-A	LAUDERHILL FL 33313
T	ROBERTS, ROBERT	4551 N.W. 12TH COURT	LAUDERHILL FL 33313

8. Name and Address of Current Registered Agent

ROBINSON, BURNETTA H
1221 N.W. 46 AVENUE
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Burnetta H. Robinson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

Burnetta H. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02 (954) 600-9370
Daytime Phone #

CR2E040 (8/02)