

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *9/98*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 APR 27 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005307**

1. Corporation Name

KREATIVE KIDS YOUTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

435 CLARK ROAD
SUITE 308
JACKSONVILLE FL 32218

435 CLARK ROAD
SUITE 308
JACKSONVILLE FL 32218

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

2. New Principal Office Address, If Applicable

11718 Harts Rd
Suite, Apt. #, etc.

Jax FL
City & State

32218 Duval
Zip Country

3. New Mailing Office Address, If Applicable

11718 Harts Rd
Suite, Apt. #, etc.

Jax FL
City & State

32218 Duval
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/98-01008-004
*297.50 ****297.50*
10/14/1996

5. FEI Number

59 331 3654

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LINDSEY, ROBIN	11718 HARTS ROAD	JACKSONVILLE FL 32218
VPD	BACON, ANDREA	2112 MYRA STREET	JACKSONVILLE FL 32205
S	ISAAC, TERESA	1572 SHEARWATER DRIVE	JACKSONVILLE FL 32218
TD	BAKER, DEBRA	7387 PETRELL DRIVE	JACKSONVILLE FL 32222
D	COBB, LESIA	10989 TRACI LYNN DRIVE	JACKSONVILLE FL 32218

REINSTATEMENT *97-98*

8. Name and Address of Current Registered Agent

BAKER, DEBRA
435 CLARK ROAD
SUITE 308
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name *Baker, Debra*
Street Address (P.O. Box Number is Not Acceptable) *7387 Petrell Drive*
Suite, Apt. #, Etc.
City *Jax* State **FL** Zip Code *32222*

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 *Debra C Baker*
REGISTERED AGENT MUST SIGN

Date *4-2-98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information
on intangible tax.)

12. 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)(l), 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:

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

3/31/98 *714-6475*
Date Daytime Phone #

CR2E040 (8/97)