FLEASE READ	ALL INSTRUCTIONS	BEFORE COMPLETIN	IG THIS FURM.	
REINSTATEMENT	FLOY DAY EARTME (ath rine day) of corpo	XDAK	FILED	
DOCUMENT # NOSO	12001	- 00	00 FEB 14 AM 9: 38	
Corporation Name		1921 2 1941	_ SEPRETARY OF STATE TAELWHASSEE, FLORIDA	
FLORIDA. K.I.D.S. F	OUNDATION IN		2400	
-Principal Place of Business Mailing Address				
HZ40 GALT OCEAN PRIVE. Ft Laupendale FloriAA. 33308				
Suite 105. 9:54-566-8631				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable Same as above Some as above		pplicable 4. Date Incorpora	ated or Qualified	
Suite, Apt. #, etc. Suite, Apt. #, etc.			6-17-98	
Suite 101	SU/12/05 CAY& State	01 65-0842	2847 Applied For Not Applicable	
FT LAUDERDINE Y.L.	Zip Countr	6. CERTIFICATE O	S8.75 Additional Fee required	
Zip Sountry 33338 BROWARP		1 1	for a Certificate of Status	
7. Names and Street Addresses of Each Officer and Name of Officers	Str	et Address of Each		
		er and/or Director Post Office Box Numbers)	City / State / Zip	
PRES Robert A CURRIE 4240 GALL OU		SUITE 101 OCEAN PRIVE F	t Low perponle 91.	
V.P.D DONALO L. P.K	iey 1801 5.	DIXIE HGWY F	t Louvenpole QL 33060	
SED MARCUS WESTM	10Re 1801 S. D	41 c 14 4 wy got 4	Laureronle 9133060	
		60	00031463866 -02/24/0001058026 ****131.25 ****131.25	
			*****IJI*CO	
8. Name and Address of Current I	Registered Agent		ress of New Registered Agent	
DONALD PIKEY		Name Do Na Id Pikey Street Address (P.O. Box Number is N	(8)	
1801-50 PIXIE-HWY		Street Address (P.O. Box Number is Not Acceptable) 1801 50 DIXIE HWY		
et 205 Suit		Suite, Apt. #, Etc.	, 8	
DOFT LAUDERONE, FL. 33040		CITY LAUDGEDALE	State Zip Code FL 3304 0	
10. I, being appointed the epistered agent of the abo	ve named corporation, am familiar wit			
Signature of Registered Agent RE	GISTERED AGENT MUST SIGN		Date 1/31/cc	
 This corporation owes the Intangible Personal Proper 		Yes ☑ No ☐	(See other side for information on intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the month on this application is true and accurate, and my significant of the corporation of the corporation of the corporation is true and accurate.	tution has been eliminated, the corpo- names of individuals listed on this form	te name satisfies the requirements of s do not quality for an exemption under as if made under oath.		
	NTED NAME OF SIGNING OFFICER OR D	RECTOR	Date Daytime Phone #	

FLORIDA K.I.D.S. FOUNDATION, INC.

4240 GALT OCEAN DRIVE * SUITE 105 * FT. LAUDERDALE, FL 33308 PHONE: (954) 566-8631

JAN.31.2000

TO:
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS:
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: REINSTATEMENT OF CORPORATE STATUS

TO WHOM IT MAY CONCERN,

PLEASE FIND ENCLOSED CHECK IN THE AMOUNT OF \$ 131.25 IN ORDER TO COVER THE FOLLOWING:

\$ 61.50 PER ANNUM 1999 \$ 61.50 PER ANNUM 2000 \$ 8.75 FOR CERTIFICATE OF STATUS

5 6.75 FOR CERTIFICATE OF STATO

\$ 131.25 TOTAL OF CHECK

I WOULD ALSO LIKE TO ASK YOU TO WAIVE THE PENALTY FEE FOR 1999 SINCE I DID NOT RECEIVE A REPORT FOR THAT YEAR.

THANK YOU FOR YOUR KIND CONSIDERATION.

SINCEREL

ROBERT A. CURRIE

PRESIDENT

RC/mm

ENCL.: CHECK