


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 NOV 21 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

DOCUMENT # N98000004191

1. Corporation Name  
Kids In The Hood, INC.

2. Principal Office Address <u>824 Footman Lane</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>1</u>		Suite, Apt. #, etc.	
City & State <u>Tallahassee, Florida</u>		City & State	
Zip <u>32311</u>	Country <u>Leon</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7-21-98

5. FEI Number  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 Willie Mae Footman

Street Address (P.O. Box Number is Not Acceptable) 824 Footman Lane

Suite, Apt. #, Etc. Tallahassee, Fl. 32311

City Tallahassee, Fl. State FL Zip Code 32311

900003478799-5  
~~11/28/00-01091-002~~  
\*\*\*\*245.00 \*\*\*\*245.00

8. 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 Willie Mae Footman Date 11-21-2000

REGISTERED AGENT MUST SIGN

9. 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
Pres	Janice Carter	824 Footman Lane Tallah., Fl 32311	
V. Pres	Eva Wanton	824 Footman Lane	
Treas	Marcia A. Cone	Tallahassee, Fl. 32311	
Secy	Karen Hatfield	824 Footman Lane Tallah., Fl 32311	
E. D.	Willie Mae Footman	824 Footman Ln. Tallah., Fl 32311	

10. 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: Willie Mae Footman Date 11-21-00 Daytime Phone # 487-1216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)