

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



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

02 OCT 22 AM 8:01

DOCUMENT #

1. Corporation Name

N99000001651

KIDS IN CRISIS, INC.

2. Principal Office Address

1427 NEW BRITAIN DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1427 NEW BRITAIN DR.

Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

BRANDON FL

Zip

33511

Country

USA

Zip

33511

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3577539

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

DONNA GENTRI

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

1427 NEW BRITAIN DR

Suite, Apt. #, Etc.

City

BRITAIN BRANDON

State

FL

Zip Code

33511

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

Donna Gentri

Date

9/18/02

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
PSD	JOHN L. GENTRI	1427 NEW BRITAIN DR.	BRANDON FL 33511
VSD	DONNA M GENTRI	1427 NEW BRITAIN DR	BRANDON FL 33511
TD	Michael McCord	1427 NEW BRITAIN DR	BRANDON FL 33511

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:

Donna Gentri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02

Date

813.654.6471

Daytime Phone #

CR2E081 (9/01)

10/25/02 01