

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000003003

1. Corporation Name

EARTHKIND, INC.

FILED
01 JUN 18 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

918 SW 4TH STREET
FORT LAUDERDALE FL 33312

Mailing Address

918 SW 4TH STREET
FORT LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable

757 SE 17th St.
Suite, Apt. #, etc. #147

3. New Mailing Office Address, If Applicable

757 SE 17th St.
Suite, Apt. #, etc. #147

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1999
****306.25 ****306.25

5. FEI Number

65-0919886

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ \$3.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KAUFMAN, JOYCE	10966 NW 40TH STREET	SUNRISE FL 33351
D	HEWITT, REBECCA	757 SE 17TH STREET #147	FORT LAUDERDALE FL 33316
D	HULMAN, SARAH	1033 MARBLE WAY	BOCA RATON FL 33432
D	SCHLUETER, SHERRY L	10400 GRIFFIN ROAD SUITE 203A	COOPER CITY FL 33328
D	MCCULLOM, SUSAN	918 SW 4TH STREET	FORT LAUDERDALE FL 33312
		1024 NW 13th St #251B, Boca Raton, Fl. 33486	

8. Name and Address of Current Registered Agent

MCCULLOM, SUSAN
918 SW 4TH STREET
FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name: SUSAN MCCULLOM
Street Address (P.O. Box Number is Not Acceptable):
1024 NW 13th St.
Suite, Apt. #, Etc. 251B
City: Boca Raton State: FL Zip Code: 33486

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

Susan McCullom
REGISTERED AGENT MUST SIGN

Date

April 27/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27/01-561-620-
0202