

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 15 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/24/02--01044--018
***358.75 ***358.75

CORPORATION
REINSTATEMENT



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

DOCUMENT # N99000004350

1. Corporation Name

Four Kids By Kids, Inc.

2. Principal Office Address

17110 NW 14th AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

7-14-99

5. FEI Number

65-0938515

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

Janet M. Lawrence

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

17110 NW 14th AVE

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33169

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

Janet M. Lawrence

REGISTERED AGENT MUST SIGN

Date 5/10/02

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
D	JANET M. LAWRENCE	17110 NW 14th AVE	Miami, FL 33169
D	Joseph Williams	6517 PINES PARKWAY	Pembroke Pines FL 33323
D	Prince B. Harris, II	1130 NW 127 ST	NORTH MIAMI FL 33168

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:

Janet M. Lawrence

JANET M. LAWRENCE

Date

5/10/02

Daytime Phone #

305 624 5437