

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 1:44

DOCUMENT # N99000004634

1. Corporation Name

FOR KIDS' SAKE FOUNDATION, INC.

Principal Place of Business

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 224
ORLANDO FL 32810

Mailing Address

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 224
ORLANDO FL 32810



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

12315 West Colonial Drive
Suite, Apt. #, etc.

Winter Garden, Florida

City & State

34787

Zip Country

U.S.

3. New Mailing Office Address, If Applicable

12315 West Colonial Drive
Suite, Apt. #, etc.

Winter Garden, FL

City & State

34787

Zip Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1999

5. FEI Number

59-3605623

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
D	TYSON, DOUG Robert Samuels	443 W. AMELIA STREET 12315 W. Colonial Drive	ORLANDO FL 32801 Winter Garden, FL 34787
D	HANNAMAN, JIMMIE	320 EAST SOUTH STREET	ORLANDO FL 32801
D	WEINSTEIN, ADAM	200 S. ORANGE AVENUE	ORLANDO FL 32801
D	BROADRICK, RON	POST OFFICE BOX 274128 N/A	TAMPA FL 33688
D	WILLIAMS, KEN	2272 MALACHITE DRIVE	LAKELAND FL 33810
D	BROWN, BARRY	3407 W. DR. MLK JR. BLVD.	TAMPA FL 33607

8. Name and Address of Current Registered Agent

SZALANSKI, DAVE
5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 224
ORLANDO FL 32810

9. Name and Address of New Registered Agent

Name Robert Samuels
Street Address (P.O. Box Number is Not Acceptable)
12315 West Colonial Drive
Suite, Apt. #, Etc.
City Winter Garden
State FL Zip Code 34787

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 Robert Samuels
REGISTERED AGENT MUST SIGN

Date 10/18/2000

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: Robert Samuels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/2000 (407) 478-5437
Daytime Phone #

CR2ED40 (8/00)