

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 24 PM 12:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000006896

1. Corporation Name

CHILDREN'S DESTINY, INC.

600157699326
06/24/09--01045--007 **665.00

2. Principal Office Address - No P.O. Box #

4801 S. UNIVERSITY DRIVE

3. Mailing Office Address

4801 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 308W

Suite, Apt. #, etc.

SUITE 308W

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

US

Zip

33328

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1999

5. FEI Number
65-0981420

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

THOMAS CORREA

Street Address (P.O. Box Number is Not Acceptable)
4801 S. UNIVERSITY DRIVE

Suite, Apt. #, Etc.
SUITE 308W

City
DAVIE

State
FL

Zip Code
33328

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 6/22/09

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	THOMAS CORREA	4801 S. UNIVERSITY DRIVE #308W	DAVIE FL 33328
		B 7/2/09	
		REINSTATEMENT 02-09	

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 contained in Chapter 119, 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

6/22/09

Date

Daytime Phone #