

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 DEC 22 PM 4:05

DOCUMENT # P00000001171

1. Corporation Name

BLOSSOMING KIDS BILINGUAL CORP.

Principal Place of Business

Mailing Address

3141 N.W. 123RD TERR.  
SUNRISE FL 33323

3141 N.W. 123RD TERR.  
SUNRISE FL 33323



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

2. New Principal Office Address, If Applicable  
11880 State Road 84

3. New Mailing Office Address, If Applicable  
11880 State Rd. 84

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/1999

Suite, Apt. #, etc.  
D1 & D2

Suite, Apt. #, etc.  
D1 & D-2

5. FEI Number  
05-09857087

Applied For  
Not Applicable

City & State  
Davie - FL

City & State  
Davie - FL

Zip  
33325

Country  
USA

Zip  
33325

Country  
USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
director	Ana M. Mashraghi	3141 N.W. 123RD Terr.	Sunrise, FL 33323
officer	Alan Mashraghi	3141 N.W. 123RD Terr.	Sunrise FL 33323

580003890945--8  
-03/21/01--01095--011  
\*\*\*\*150.00 \*\*\*\*150.00

*[Signature]*

8. Name and Address of Current Registered Agent

MASHRAGHI, ANA M  
3141 N.W. 123RD TERR.  
SUNRISE FL 33323

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12-20-00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)  
382-  
5005

CR2E040 (8/00)

②

December 20th, 2000

To Whom It May concern,

Please see attached a check of \$150.00 to reinstate Blossoming Kids Bilingual Corporation.

We did not receive notice of payment until now and when we called to the number given to us for verification and information the staff members were stating that everything was alright and payment for reinstating the corporation was not due until May 2001.

Recently we received a new and only notice and we decided to call back one more time. This time they told us the payment of \$750.00 was due. As a first time business owner we trusted the answers given to our questions and we thought we have nothing to worry about.

Please take in consideration this matter and let us know as soon as possible of any decision made.

I really appreciate all the help you can give us.

Please do not hesitate if you need more information pertaining this matter.

Sincerely Yours

  
Ana and Alan Maghazgh