

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 NOV -5 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016297

1. Corporation Name
KIDSPRAY CAFE, INC.

Principal Place of Business 5427 SW ANHINGA AVE. PALM CITY FL 34990	Mailing Address 5427 SW ANHINGA AVE. PALM CITY FL 34990
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/10/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	Brett D. Feldman	5427 SW Anning Ave	Palm City, FL 34990

400004698314--0
11/29/01 01050-005
****150.00 ****150.00

8. Name and Address of Current Registered Agent DUNNE-FELDMAN, BRETT 5427 SW ANHINGA AVE. PALM CITY FL 34990		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	
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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: Brett D. Feldman Date: 10-31-01
REGISTERED AGENT MUST SIGN

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: Brett D. Feldman 10-31-01 861 781 8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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October 31, 2001

Division of Corporations
Florida Department of State
Tallahassee, FL 32314

To Whom It May Concern:

Recently, I was sent this form for dissolution of my corporation and I believe it is in error. I was never sent the form I was told I was supposed to receive in January to pay my usual corporation annual fee. I did not receive any notice until the summer. Since this was my first year as a corporation I was a little confused as to how to proceed. I called the Division of Corporations office and they instructed me to send the usual amount of \$150.00 and since it was only a few days after the deadline it would be accepted.

Soon after, I received a letter and my check back. The letter stated that I owed \$500.00 and that my \$150.00 was not accepted. When I called again, they instructed me to send this letter stating the problem with another check for \$150.00. This is how I will proceed this time.

I am not sure what happened to my first letter in January but I hope this letter will suffice and that you will accept my \$150.00. If you do not, please send me proof that you sent the letter in January (a copy or other acceptable documentation) and I will gladly send the \$600.00 that you are now asking for. Thank you for your cooperation in this matter.

Sincerely,



Brett D. Feldman
CEO

Kidsplay Café, Inc.