

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 12 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049879

1. Corporation Name

KIDS KASTLE, INC.

100033979151
04/26/04--01071--010 **908.75

2. Principal Office Address
16850 JOG ROAD

3. Mailing Office Address
16850 JOG ROAD

Suite, Apt. #, etc.
107

Suite, Apt. #, etc.
107

City & State
DELRAY BEACH, FLORIDA

City & State
DELRAY BEACH, FLORIDA

Zip
33446

Country
U.S.A.

Zip
33446

Country
U.S.A.

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/19/2000

5. FEI Number
65-1013342

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
CRAIG HARLEY

Street Address (P.O. Box Number is Not Acceptable)
16850 JOG ROAD

Suite, Apt. #, Etc.
107

City
DELRAY BEACH

State
FL

Zip Code
33446

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

Date
4/6/04

REGISTERED AGENT MUST SIGN

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
P	NINA GOLDBERG	21320 ROCK RIDGE DRIVE	BOCA RATON, FL 33428
V/S/T	SANDRA HARLEY	3936 NW 52ND STREET	BOCA RATON, FL 33496

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

Date

(561)865-2720

Daytime Phone #

CR2E081 (01/04)