

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051843

1. Corporation Name

Kids Rite Child Development Center

2. Principal Office Address

2425 Spoonwood Dr

Suite, Apt. #, etc.

City & State

Tallahassee FL 32303

Zip

32303

Country

Leon

3. Mailing Office Address

2425 Spoonwood Dr

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

32303

Country

Leon

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5-26-00

5. FEI Number

59-3666040

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

Michael D. Carter

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

2425 Spoonwood Dr

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32303

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

Michael D. Carter

REGISTERED AGENT MUST SIGN

Date 27 OCT 03

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
Pres	Michael Carter	443 N. ^{Quincy} ADAMS ST	Quincy, FL 32351
Vice Pres	Jenecia Carter	443 N. ADAMS ST	Quincy, FL 32351

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:

Michael D. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

27 OCT 03

Daytime Phone #

385-6337

CR2E081 (10/02)