

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 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000086246

1. Corporation Name

FUNKY FISH KIDS DAY, INC.

Principal Place of Business

2700 YACHT CLUB BLVD STE 7B
FT LAUDERDALE FL 33304

Mailing Address

2700 YACHT CLUB BLVD STE 7B
FT LAUDERDALE FL 33304



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

2. New Principal Office Address, If Applicable

1533 NE 3rd Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1533 NE 3rd Ave

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/2000

5. FEI Number

651073073

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Ft Lauderdale

Zip

FL

Country

33304

City & State
Ft Lauderdale

Zip

FL

Country

33304

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
D	BROWN, SARAH J	2700 YACHT CLUB BLVD STE 7B 1533 NE 3rd Ave	FT LAUDERDALE FL 33304 Ft Lauderdale FL 33304
D	BROWN, MATTHEW	1000 SE 15TH ST #204	FT LAUDERDALE FL 33314 33304

8. Name and Address of Current Registered Agent

BROWN, SARAH J
2700 YACHT CLUB BLVD STE 7B
FT LAUDERDALE FL 33304

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

11/1/07.

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

11/1/07.

Daytime Phone #

CR2E040 (8/01)

(2)

FUNKY FISH KIDS DAY
1533 North East 3rd Avenue
Fort Lauderdale, Florida 33304
Tel 954 712-9900 Fax 954 761-8222

FILED

NOV -5 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 1st 2001

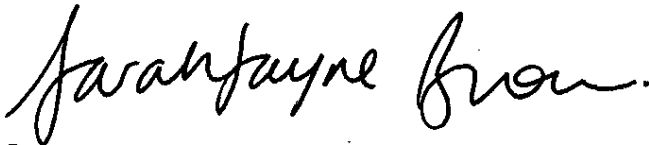
Dear Ms Harris,

On 25th October 2001, we received a Notice of Administrative Dissolution of our business. I was extremely surprised as this was the first piece of mail we had received regarding this matter. We are writing to request the re-instatement fee of \$600 be waived, as we did not receive any documents until this date.

It seems the Dept of State has an incorrect address for Funky Fish Kids Day, inc, our address is as above and not 2700 Yacht Club Boulevard, Fort Lauderdale FL 33304. Please could you change your records accordingly to avoid future situations. We pride ourselves on keeping abreast of all fees and would have paid on time had we been notified. Please accept our check for \$150 and we thank you for your time in this matter.

If you have any further questions please do not hesitate to contact us.

Kind regards,



Sarah-Jayne Brown
President