

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 28 PM 1:55

DOCUMENT # *P01000001940*

1. Corporation Name

Kid Konnection, Inc

2. Principal Office Address

1606 55th Ave W.

3. Mailing Office Address

1125 Mallorca Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Fl.

City & State

Bradenton, Fl.

Zip

Country

34207

Manatee

Zip

Country

34209

Manatee

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651076417

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

Ferrance Matthews

400035823804

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

5190 26th St W

*05/10/04--01086--024 **300 00*

Suite, Apt. #, Etc.

400035823804

*05/10/04--01086--025 **8.75*

City

Bradenton, Fl 34207

State

FL

Zip Code

3/12/04 01034 003 +361.02

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

Ferrance Matthews

REGISTERED AGENT MUST SIGN

Date

4/30/04

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
<i>P</i>	<i>John Mann</i>	<i>1125 Mallorca Dr.</i>	<i>Bradenton, Fl. 34209</i>

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:

John Mann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #

5129 AD

2/2

May 25, 2004

**Kid Konnection
1125 Mallorca Dr.
Bradenton, Fl. 34209**

**Department of State
Division of Corporations
Box 6327
Tallahassee, Fl. 32314**

**Attn Andy Dunlap
Supervisor of Reinstatement**

Dear Mr. Dunlap

I have written 3 letters explaining that I did not get my reinstatement form for this corporation and would like to have it reinstated. In March I tried to change the name and your department said the name I wanted had been used and that Kid Konnection was expired so I sent in the 300.00.

I sent in the form a letter and the 300.00 and asked to be reinstated with the same name.

Your office then sent me back a letter stating I needed to send 369.75 more if I wanted a certificate and reinstatement also send another letter.

So I sent letter # 2 and another 369.75 and I got this letter from you back asking for more money. I am confused, please help me with this so I can get reinstated and going in the right direction again. I called and your office told me I should have a refund coming. I will be happy with just being reinstated. Please help me.

Sincerely



**Jane Mann
Kid konnection.**