

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075668

1. Corporation Name

KID BIZ, INC.

Principal Place of Business

Mailing Address

511 NW 104 AVE.
PLANTATION FL 33324

511 NW 104 AVE.
PLANTATION FL 33324

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

2. New Principal Office Address, If Applicable

4684 NW 103 AVENUE

3. New Mailing Office Address, If Applicable

4684 NW 103 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2001

5. FEI Number

65-1132180

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DP

STELLA, VINCENT

511 NW 104 AVE.

4684 NW 103 AVENUE

PLANTATION FL 33324

SUNRISE, FL 33351

DVS

STELLA, RENEE

511 NW 104 AVE.

4684 NW 103 AVENUE

PLANTATION FL 33324

SUNRISE, FL 33351

8000008802708

11/05/02--01038--001 **150.00

8. Name and Address of Current Registered Agent

STELLA, VINCENT

511 NW 104TH AVENUE

PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

4684 NW 103 AVENUE

Suite, Apt. #, Etc.

City

SUNRISE

State
FL

Zip Code

33351

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

Daytime Phone #

(954)
572-2900

CR2E040 (8/02)



"Quality Preschool and Child Care"

Vince Stella
Renee Stella R.N.
Owners

October 31, 2002

To whom it may concern,

We are submitting this form late due to the change in address of our corporation during the year 2002. We never received the original form and we apologize for this late filing as we have just received this form October 30, 2002. This has been our first opportunity to file this important and required document.

I have corrected this form with the new and current address so that our next filing will be on time.

Please accept our check for \$150.00 for the fee associated with this filing.

Thank you for your cooperation in this matter.

Regards,

Vince Stella
President / KidBiz, Inc.
D/B/A/ Parent Child Education II