

PLEASE READ A INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 19 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096360

1. Corporation Name

Eighty Kidz, Inc.

2. Principal Office Address

330 Seaman Avenue

Suite, Apt. #, etc.

City & State

Opa Locka, FL

Zip

33054

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2001

5. FEI Number
261769723

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

John H. Taylor

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

330 Seaman Avenue

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33054

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

Rev. John H. Taylor

REGISTERED AGENT MUST SIGN

Date 02/09/2006

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	John H. Taylor	330 Seaman Avenue	Opa Locka, FL 33054
V	Myra L. Taylor	330 Seaman Avenue	Opa Locka, FL 33054

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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 contained in Chapter 119, 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:

Rev. John H. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2006

Date

Daytime Phone #

786-

385-8377