

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 16 PM 2:07

DOCUMENT # P01000121137

1. Corporation Name

Kids Work Academy, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RENEWAL FEE \$100.00 02-03

2. Principal Office Address

3342 Sarah Spaulding Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32223

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2001

5. FEI Number

59-3691164

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

Robert L. Newton

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

3342 Sarah Spaulding Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

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

[Signature]

Date: 6/12/03

REGISTERED AGENT MUST SIGN

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
PD	Sandra J. Newton	3342 Sarah Spaulding Dr.	Jacksonville, FL 32223
STD	Robert L. Newton	3342 Sarah Spaulding Dr.	Jacksonville, FL 32223

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

[Signature]

STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/03 (904) 268-1975

Date

Daytime Phone #

CR2E081 (10/02)

7/6/17