

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 20 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034540

1. Corporation Name

KIDS FIRST SERVICES, INC.

2. Principal Office Address

7701 SW 182 Terr.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33157

Country
USA

3. Mailing Office Address

7701 SW 182 Terr.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33157

Country
USA

REINSTATEMENT

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/29/2002

5. FEI Number
75-3036902

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

GUARCH, J.M.

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

710 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code
33146

700066583747

02/24/06--01052--005 **601.00

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

GUARCH, J.M.

REGISTERED AGENT MUST SIGN

Date 01-06-06

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 - | Michelle Horruttiner | 7701 SW 182 Terr. | MIAMI, FL 33157 |
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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:

☒ *Michelle Horruttiner*

Michelle Horruttiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

Date

305-479-0234

Daytime Phone #

2/2

DATE: 01-06-2006

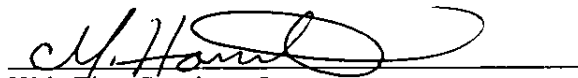
TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: Kids First Services, Inc.
Michelle Horruitiner

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL FOR 2003, 2004, 2005. PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305-479-0234.

THANKS,


Kids First Services, Inc.
Michelle Horruitiner