

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000066470**

1. Corporation Name

DEVELOPING THE INNER CHILD, INC.

Principal Place of Business

18035 NW 18TH AVE.
OPA-LOCKE FL 33056

Mailing Address

18035 NW 18TH AVE.
OPA-LOCKE FL 33056

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/2002

5. FEI Number

11-3442531-

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JACKSON, HORACE JR	18035 NW 18TH AVE.	OPA-LOCKE FL 33056
D	JOHNSON, LILLY	20821 NW MIAMI, CT	MIAMI FL 33169
D	JACKSON, BRIDGET	18035 NW 18TH AVE.	OPA-LOCKE FL 33056

8. Name and Address of Current Registered Agent

JACKSON, BRIDGET
18035 NW 18TH AVE.
OPA-LOCKE FL 33056

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Bridget Jackson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10.26.03

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:

Grace M Jackson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/03 621-1713
(305)

Daytime Phone #



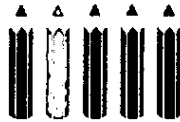
REINSTATEMENT

3

FILED
03 NOV -3 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/03)

**Developing
the
Inner Child Inc.**



To Whom It May Concern,

We were advised from a representative from the Florida Department of State to send in this letter.

Developing the Inner Child had not received prior UBR notices. We have completed the application for reinstatement and included the appropriate UBR filling fees of \$158.75 check # 1042. We do appreciate your attention in this matter and hope it will be handled accordingly.

Thanks,

Bridget Jackson
Bridget Jackson

Director

Horace M Jackson Jr.
Horace Jackson

Director