

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000090935**

1. Corporation Name

**KIDS DREAM WORLD PRE-SCHOOL INC.**

Principal Place of Business

Mailing Address

17610 NE 2 CT  
N MIAMI BEACH FL 33162

17610 NE 2 CT  
N MIAMI BEACH FL 33162

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/2002

5. FEI Number

04-3709613

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
P	RODRIGUEZ, MILAYS	17610 NE 2 CT	N MIAMI BEACH FL 33162

600023766676  
10/13/03--01100--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, MILAYS  
17610 NE 2 CT  
N MIAMI BEACH FL 33162

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-8-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-8-03(305)652-2134

CR2E040 (7/03)

**KIDS DREAM WORLD PRESCHOOL  
17610 NE 2CT  
NORTH MIAMI BEACH, FL 33162  
(305) 652-2139**

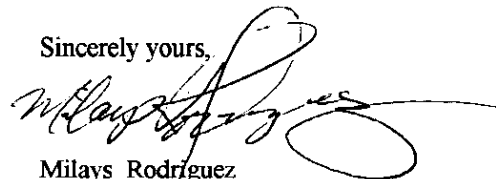
October 08, 2003

To Whom It May Concern:

This letter is to inform that my corporation did not receive the prior uniform business report.

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Sincerely yours,



Milays Rodriguez  
Kids Dream World Preschool  
FEI # 04 -3709613