		TIONS BEFO	RF CO	MPLETING	THIS FORM.	\
PLEASE READ A	LL INSTRUC	MOTMENT OF S	TATE			1
APPLICATION FOR	APPLICATION Glenda E. Hood Secretary of State				FILED	
DEINSTATEMENT.				04 MAY -6 PM 2:27		
DOCUMENT # P0200094749  1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
KIDS FOREVER, INC.				~~ 61 C	PATEMENT Q	3-04
	Mailing Address			REMS		10
Principal Place of Business  7200 S.W. 133RD AVENUE  MIAMI FL 33183	MIAMI FL 33183			700025462197 12/12/0301049013 **236.25		
If above addresses are incorrect in any way, line	through incorrect info	rmation and enter correcti	ion below. able	4. Date Incorpora To Do Busines	ated or Qualified ss in Florida 08/28/200	)2
If above addresses are incorrect in a policable  2. New Principal Office Address, If Applicable	l			-5. FEI Number Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State		57-1140759 S875 Additional Fee required		
City & State		City & State		CERTIFICATE OF STATUS DESIRED Cor a Certificate of Status		
Zip	2ip	ide porprofit corporations	must list at	least 3 directors)	City / State / Zip	
7. Names and Street Addresses of Each Officer Name of Officers	7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corpora  Street Addresses of Each Officers Officers			ach ctor	4	
	and/or Directors 3 7200 S.W. 133RD AVEN				MIAMI FL 33183	
PD ROMERO, MARIA G		7200 5.11. 100				
				7) 05/0	0002546219 7/14-01079-028 **	563.75
					nd Address of New Registered Age	ent
	Current Registered	Agent	Name		nd Address of New York	
				Address (P.O. Box Number is Not Acceptable)		
ROMERO, MARIA G			Cite Ant # Etc.			
7200 S.W. 133RD AVENUE MIAMI FL .33183		City	State Zip Code			
	t of the above named	corporation, am familiar	with and acc	cept the obligations of	at Section 607.0505, 1.0.	}
Comp	Committee to the second				Date	03
Signature of Registered Agent  11. I certify that I am an officer or director this reinstatement application, the restriction have been	REGISTER	GED AGENT MUST SIGN	cute this appl	lication as provided fi ne satisfies the requi	or in chapter 607 or 617, F.S. I further rements of section 607.0401 or 617.0	certify that when filing 401, F.S., that all fees The information indicated
11. I certify that I am an officer or director this reinstatement application, the recowed by the corporation have been on this application is true and accura	ason for dissolution has a display and the names of the name	as been eliminated, the of individuals listed on this shall have the same legal	al effect as ii	mas -		, ,
SIGNATURE: SIGNATURE AND	TYPED OR PRINTED	MARIA NAME OF SIGNING OFFICE	R OR DIRECT	· NOMER	0 10/14/03	Daytime Phone # 0053679