

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097240

1. Corporation Name

KID'S HOME DEPOT

W/-18635 **REINSTATEMENT** *07-10*

2. Principal Office Address - No P.O. Box #

8701 NW 13th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

8701 NW 13th Terrace

Suite, Apt. #, etc.

City & State

Doral, FL

City & State

Doral, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **SEP 09/2002**

5. FEI Number

550802482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100175821221
04/14/10--01046--006 **450.00
CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name

Ricelina Noa

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

8701 NW 13th Terr

Suite, Apt. #, Etc.

City

Doral

State

FL

Zip Code

33172

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

100175821221
05/17/10--01005--017 **150.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **April 06, 2010**

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
<i>Pres</i>	Ricelina Noa	8701 NW 13th Terrace	Doral, FL 33172

DC 5/18

10. E-mail Address: **RICELINAB@AOL.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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, I further certify, 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:

[Handwritten Signature]

RICELINA NOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 06, 2010 305 471-9833

Date

Daytime Phone #