

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101954

1. Corporation Name

KINDEROO CHILDREN'S ACADEMY

2. Principal Office Address

5180 SW 60TH AVE (new)

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34474

Country

US

3. Mailing Office Address

5180 SW 60TH AVE (new)

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34474

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9-20-2002

5. FEI Number

90-0067303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

500025696505
12/23/03--01004--029 **758.75
REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name
BARRY FARBER

Street Address (P.O. Box Number is Not Acceptable)
5925 SW 87TH ST

Suite, Apt. #, Etc.

City
OCALA

State
FL

Zip Code
34476

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

REGISTERED AGENT MUST SIGN

Date 12/15/2003

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/D	PAULA LOPEZ	5925 SW 87TH ST	OCALA, FL 34476
V/D	BARRY FARBER	5925 SW 87TH ST	OCALA, FL 34476
T/S/D	MARTHA ANZOLA	1263 SEAGRAPE CIRCLE	WESTON, FLORIDA 33326
D	JULIO TOLEDO	1263 SEAGRAPE CIRCLE	WESTON, FLORIDA 33326

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 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

PAULA LOPEZ

12/15/2003

Date

352-208-4811

Daytime Phone #

CR2E081 (10/02)