

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

DOCUMENT # **003000004774**

1. Corporation Name

Kreative Kids Academy for Learning Inc.

2. Principal Office Address

320 SE Florida Street

3. Mailing Office Address

4771 Orleans Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

WPB, FL

Zip

34994

Country

USA

Zip

33415

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/03

5. FEI Number

13-42328911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sawanda Britton President

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

4771 Orleans Ct

Suite, Apt. #, Etc.

#B

City

West Palm Beach

State

FL

Zip Code

33415

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 of Sawanda Britton]

REGISTERED AGENT MUST SIGN

Date

6/14/04

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
pres.	Sawanda Britton	4771 Orleans Ct #B	WPB, FL 33415
V.p.	Sonya Mann	8570 Kentucky St.	WPB, FL 33406

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)(f), 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:

[Handwritten signature of Sawanda Britton]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/04 (772) 463-5944

Date

Daytime Phone #

Kreative Kids Academy for Learning Inc.
320 SE Florida Street
Stuart, Fl 34994

To whom it may concern, this letter is in regards to reinstatement of the above Corporation. As of today June 13, 2004 we have not received a reinstatement letter, which has resulted to us not reinstating by the deadline, I apologize for any inconvenience. Our new address is located above for any future correspondents or updates. I have included a check in the amount of \$185.00 To cover the filing fee for the change of registered office, also for the reinstatement fee. If you have any questions or concerns, please contact Sawanda Britton, President at 772-463-5966