

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 SEP 28 AM 11:58

STATE SECRETARY OF STATE

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09/28/09--01034--006 ***450.00

REINSTATEMENT 07-09
CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000018597

1. Corporation Name
KIOWORKS LEARNING & ACTIVITY CENTER, NC

2. Principal Office Address - No P.O. Box #
13275 SW 136 St.

3. Mailing Office Address
10141 SW 40 St

Suite, Apt. #, etc.
#29

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip Country
3318 USA

Zip Country
33165 USA

4. Date Incorporated or Qualified To Do Business in Florida
2/17/03

5. FEI Number
571162249

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Karen Marquez-Molina
Street Address (P.O. Box Number is Not Acceptable)
10141 SW 40 St
Suite, Apt. #, Etc.
Miami, FL
City State Zip Code
FL 33165

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.

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 **9/23/09**

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	Karen Marquez-Molina	10141 SW 40 St	Miami, FL 33165
S	" " "	"	"
VP	Raul G. Molina, Jr.	"	"
T	" " "	"	"

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 contained in Chapter 119, 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]* **Karen Marquez-Molina** 9/23/09 305-608-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/29