

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000122481**

1. Corporation Name

Fun Stuff Education & Entertainment Inc.

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

50 NW 207 Street

Suite, Apt. #, etc.

3. Mailing Office Address

50 NW 207 Street

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

City & State

Miami Gardens, FL

Zip

33169

Country

USA

Zip

33169

Country

USA

7. Name and Address of Current Registered Agent

Name

Atiya Thomas

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

8625 Southampton Drive

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/04

5. FEI Number
86-1114349

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Atiya Thomas
REGISTERED AGENT MUST SIGN

Date

4/15/09

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
Pres.	Sandra L. Brooks	50 NW 207 Street	Miami Gardens, FL 33169
Treas	Sandra L. Brooks	50 NW 207 Street	Miami Gardens, FL 33169
Sec.	Sandra L. Brooks	50 NW 207 Street	Miami Gardens, FL 33169

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:

Sandra Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/09
Date

305-305-7254
Daytime Phone #