

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 AM 8:10

DOCUMENT # P05000048382

1. Corporation Name

URgi-Kids of Florida P.A.

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

7217 Greenslope Dr

Suite, Apt. #, etc.

3. Mailing Office Address

7217 Greenslope Dr

Suite, Apt. #, etc.

City & State

Zephyrhills FL

Zip

Country

33541

USA

City & State

Zephyrhills FL

Zip

Country

33541

USA

7. Name and Address of Current Registered Agent

Name

Alicia Fernandez - Garcia

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

5925 Montford Drive

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33541

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-24-10

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
<u>Pres</u>	<u>Alicia Fernandez - Garcia</u>	<u>5925 Montford Dr</u>	<u>Zephyrhills FL 33541</u>

10. E-mail Address: gigullen@yahoo.com

(To be used for future annual report notification)

11. 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. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-10 813 782 5086

Date

Daytime Phone #

500173444385
03/29/10--01064--014 **\$900.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

200409665

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.