

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 MAY 29 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000011374*

1. Corporation Name

**FOR KIDS SAKE ACADEMY**

2. Principal Office Address

*11155 SW 112 AVE*

Suite, Apt. #, etc.

City & State

*MIAMI FL*

Zip

*33176*

Country

*USA*

3. Mailing Office Address

*11155 SW 112 AVE*

Suite, Apt. #, etc.

City & State

*MIAMI FL*

Zip

*33176*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*3/31/94* *2/15/93*

5. FEI Number

*65-0388445*

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

**2002-2003 UBR**

**7. Name and Address of Current Registered Agent**

Name

*JAMES SAMAROO*

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

*11155 SW 112 AVE*

Suite, Apt. #, Etc.

City

*MIAMI*

State

*FL*

Zip Code

*33176*

*500020426175*  
*06/03/03--01069--011 \*\*300.0*

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

*James Samaroo*

REGISTERED AGENT MUST SIGN

Date *5/23/03*

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
<i>President</i>	<i>JAMES SAMAROO</i>	<i>11155 SW 112 AVE MIAMI FL 33176</i>	<i>MIAMI FL 33176</i>
<i>Secretary</i>	<i>JENIFER PAUL</i>	<i>15550 SW 80 ST #303</i>	<i>MIAMI FL 33193</i>
<i>V. President</i>	<i>JENIFER PAUL</i>	<i>15550 SW 80 ST #303</i>	<i>MIAMI FL 33193</i>

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:

*James Samaroo* **JAMES SAMAROO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/23/03* *305 598 9595*  
Date Daytime Phone #

CR2E081 (10/02)