

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P94000012562

KID'S DE-LITE, INC.

1809 E OLIVE ROAD
PENSACOLA FL 32514
US

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PENSACOLA FL 32514
IIS

02/11/1997

59-3243968

Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	HARRINGTON, LYNNE G.	1909 E OLIVE ROAD	PENSACOLA FL 32514
PT	HARRINGTON, JAMES P.	1909 E OLIVE ROAD	PENSACOLA FL 32514
			600002333056--0 10/29/97-01107-001 ****750.00 ****750.00

9. Name and Address of New Registered Agent

HARRINGTON, LYNNE
1909 E OLIVE ROAD
PENSACOLA FL 32514

Name: _____

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

Sulte, Apt. #, Etc.

City

Stat	
FL	

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/23/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-97

(850) 477-9040
Daytime Phone #