PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCL	JMENT	#
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P94000012562

1. Corporation Name

KID'S DE-LITE, INC.

FILED 97 001 27 PM 2: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Busine	Principal Place of Business Malling Address			-					
1909 E OLIVE ROAD 1909 E OLIVI PENSACOLA FL 32514 PENSACOLA US US		VE ROAD A FL 32514							
					j	REINS	TATEMENT	0-	7
If above addresses are	incorrect in any way, line th	rough incorrect in	nformation a	nd enter d	orrection below.		VICINIENI	91	1
				ffice Address, If Applicable		Date Incorporated or Qualified To Do Business in Fiorida 02/11/1994			
Suite, Apt. #, etc. Suite, Apt. #		, etc.		5. FEI Numb	er	-	plied For		
City & State City & Sta		City & State	9		<u> </u>	59-3243968	Not Applicable		
Zip	Country	Zip	Zip Co		ontry 6.		RTIFICATE OF STATUS DESIRED \$8.75 Additional Fee regulred for a Certificate of Status		
7. Names and Street Ad	Idresses of Each Officer and	d/or Director (Flo	rida nonprof	it corpora	tions must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu		Ī	City / State / Zip			
S HARRING	HARRINGTON, LYNNE G.		1909 E OLIVE ROAD			PENSACOLA FL 32514			
PT HARRING	PT HARRINGTON, JAMES P.		1909 E OLIVE ROAD			PENSACOLA FL 32514			
							,		
						Е	0000023330)56 1107	O
							****750.00	*****7	50.00
		•••							
8, Nan	ne and Address of Current	Registered Age	ent	-		9. Name and	Address of New Registered Ag	ent	
HARRINGTON, LYNNE 1909 E OLIVE ROAD				Name					
			Street Address (P.O. Box Number is Not Acceptable)						
PENSACOLA FL 32514				Sulte, Apt. #, Etc.					
				City State Zip Code					
10 helps appointed th	a rapiclared east of the ob	our named com	oration em é	Amiliar vd	h and accent the e	bligations of Co.	FL		
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 Date 10 23 97 REGISTERED AGENT MUST SIGN									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No 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

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-23-9

(850) 477-9040

Daytime Phone #