

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
02 JUL 24 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700006970637--5  
-08/08/02-01021-019  
\*\*\*1500.00 \*\*\*1500.00

**DOCUMENT #**

1. Corporation Name

CHILD CONCERN, INC.

2. Principal Office Address

606 MORRILL COURT

Suite, Apt. #, etc.

City & State

VALRICO, FL

Zip

Country

33594-2910

HILLSBOROUGH

3. Mailing Office Address

606 MORRILL COURT

Suite, Apt. #, etc.

City & State

VALRICO, FL

Zip

Country

33594-2910

**REINSTATEMENT** 97-02

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/1994

5. FEI Number

59-3254931

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

KUKUCKA, PAUL

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

606 MORRILL COURT

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594-2910

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]*

Date

5/6/02

REGISTERED AGENT MUST SIGN

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
D	DOROSLOVAC, BOB	606 MORRILL COURT	VALRICO, FL 33594-2910
D	KUKUCKA, PAUL	606 MORRILL COURT	VALRICO, FL 33594-2910

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/02

Daytime Phone #

8133904830