

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 PM 2:27

DOCUMENT # P950000 34850

1. Corporation Name

Kids Generation, Inc.
d/b/a mother's choice

2. Principal Office Address

50 NE 51 ST.

3. Mailing Office Address

50 NE 51 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL FT. LAUDERDALE FL

Zip

Country

33334 USA

Zip

Country

33334 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0593628

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

CARMEN HERNANDEZ

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

5200 W 13 CT.

Suite, Apt. #, Etc.

100004624061-9

-10/05/01--01008--002

*****300.00 *****300.00

City

HALEPH

State

FL

Zip Code

33012

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

Carmen Hernandez
REGISTERED AGENT MUST SIGN

Date

9/25/01

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
pres	CARMEN HERNANDEZ	5200 W 13 CT	HALEPH, FL 33012
U-Pres			

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:

Carmen Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/01 722-0307
954/

Daytime Phone #

CR2E081 (9/00)

MOTHER'S CHOICE

...a place to grow and learn



202

September 25, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporation Status

Dear Sirs:

Enclosed please find a corporation reinstatement form for Kids Generation, d/b/a Mother's Choice for the years 2000 and 2001. I am also enclosing check No. 1559 in the amount of \$300 for the years 2000 and 2001.

I did not receive the Annual Reports for these years and just recently discovered the status of the corporation.

Please accept this payment and reinstatement form so that the corporation status is currently active.

Thank you in advance for your cooperation and assistance in this matter.

Sincerely,

Carmen Hernandez

Enclosures