PLEASE READ ALL INSTRUCTIONS BEFORE CO									
,	· FOR 90 91		A DEPARTMENT OF STATE Jim Smith Secretary of State IVISION OF CORPORATIONS		TE	97 JAN 13 PM 2:11			
Read Instructions on Other Side Before Making Fotnes Make Check Payable To: Department of State						SE	CRETARY OF ST LAHASSEE, FLO	DRIDA	
Name and Mailing Address of Corporation: DOCUMENT # P95000034944					2. If Address b	S HI BIOCK	1 is incorrect in any	way, enter the correct	
KIDS SPEAK UP! INC. 1200-North-Bayshore-Drive Suite-#103 North-Miami,-FL-33181					Mi ami 3. If Principle address b	12555 Biscayne Blvd., Suite #443 City and State Zip Code Miami FI 33161 3. If Principle Office Address is different from mailing address, enter address below: Address			
	orporated or Qualified usiness in Florida	5. FEI Number	ed f		FEI Number Applie		for a Cer	litional Fee required lificate of Status	
	1/95 and Street Addresses of Each Officer and/	or Director (Florida nonpr	rofit corporati	ions must list		phicable	CERTIFICATE OF S	STATUS DESIRED [_]	
Title(s)	Name of Officers and/or Directors	· · · · · · · · · · · · · · · · · · ·	Stree	et Address of cer and/or Dir	Each		City / Star	te / Zin	
D/P/S/	2	3 (Post Office f		4	Ony / Ola	io / Eib	
T	Maria Staub 12555 Bisc.				#443 Miami, FL 33161				
						>1-11-11-11-11-11-11-11-11-11-11-11-11-1			
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							1/	13/97	
	REGISTERED AGENT INF	ORMATION	-	9. Name	If change	ed, new rec	distered agent / office		
8. Name and Address of Current Registered Agent KIGSS REG						ISTERED AGENT CORPORATION			
100 S.E. 2					•	o NOT Use P.O. Box Number) 2nd Street 28th Floor			
					ss (Do NOT Use P.C	o NOT Use P.O. Box Number)			
	lahassee,-FL-32301-		City			State Zip			
10. l. beina	appointed the registered agent of the abo	named (Arporation and	n fa mi iar with	Mi ami	he obligations of Soc	tion 607 O	FL.	33131	
Signature of Registered Agent President Registered Agent President Registered Agent Auerbach, President Registered Agent Registered Agent Registered Agent Registered									
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)									
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X									
13. 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 filling 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Rayia Staul Date 1/7/97 Daytime Phone # (305)891-0505									
Typed or pri	nted name of signing officer or director	MARIA STAUB.	PRESID	ENT					