

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000063034**

1. Corporation Name

KIDSERCISE, INC.

2. Principal Office Address

14499 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite 135

City & State

Tampa, FL

Zip

33618

Country

USA

3. Mailing Office Address

14499 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite 135

City & State

Tampa, FL

Zip

33618

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/14/1995

5. FE# Number
59-3349148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Gibbons, Tucker, Miller, Whatley & Stein, P.A.

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

101 E. Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 2190

City

Tampa

State

FL

Zip Code

33602

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.

Gibbons, Tucker, Miller, Whatley & Stein, P.A.

Signature of

Registered Agent

By:

Date 12/27/05

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
P/D	Vince Julien	14499 N. Dale Mabry Hwy, Ste 135	Tampa, FL 33618
S/I/D	Robert L. Karshner	14499 N. Dale Mabry Hwy, Ste 135	Tampa, FL 33618
D	Jack A. Karshner	14499 N. Dale Mabry Hwy, Ste 135	Tampa, FL 33618

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-06

KIDSERCISE, INC.
14499 North Dale Mabry Highway
Suite 135
Tampa, Florida 33618
Phone: 813-264-1711
Fax: 813-264-1711

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Kidsercise, Inc.
Document No. P95000063034

Ladies and Gentlemen:

The above-referenced corporation was administratively dissolved on September 16, 2005, for failure to file the 2005 Annual Report. Please be advised that we did not receive notification that the 2005 Annual Report was due and request that the corporation be reinstated without penalty. A completed 2005 For Profit Corporation Reinstatement form together with our check in the amount of \$150.00 are enclosed.

Please call me should you have any questions or need additional information.

Very truly yours,


Vince Julien

Enclosures