

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 25 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006411

1. Corporation Name

FUN KIDS PLAYTIME, INC

2. Principal Office Address

7680 NW 63RD STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

3. Mailing Office Address

7680 NW 63RD STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

4. Date incorporated or Qualified

To Do Business in Florida

5. FEI Number

65-0644596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

MIGUEL COMAS

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

7680 NW 63RD STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

Date 02/19/2004

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
PTD	MIGUEL COMAS	7680 NW 63RD STREET	MIAMI, FL 33166

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

02/19/2004

Date

(305)471-7776

Daytime Phone #

CR2081 (01/04)

Attachment

February 19, 2004

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Ref: FUN KIDS PLAYTIME, INC.
Document Number P96000006411
Form: 2003 UBR

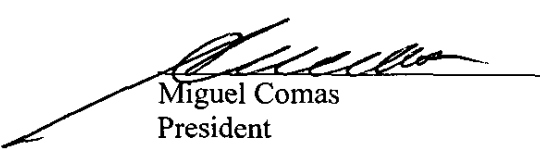
Dear Sir or Madame:

I am writing this letter in regards to my Uniform Business Report payments. I never received any notice for my 2003 Uniform Business Report due to our business location and mailing address changed back in July 2002. The next step was to contact your office in order to clarify the situation. As per my conversation with one of your representatives, I was instructed to send in a check in the amount of payment of \$150.00 for the 2003 and 2004 annual reports.

Enclosed you will find a check in the amount of \$300.00 as payment for such Reports. I do want to state that this is the first time that there has been a discrepancy regarding my payment and unfortunately for something that was not in my hands to corrected before now. My business's financial stability is not in the condition to pay additional fees that have not been overlooked on my behalf. I hope that you pardon any late fees and accept my payment since I have always been prompt to file and pay prior to this situation.

I would like to thank you in advance for your attention regarding this delicate matter. If any additional information is needed please do not hesitate to contact me at the below address or at the following phone number, (305) 471-7776

Respectfully



Miguel Comas
President

Fun Kids Playtime Inc
7680 NW 63 Street
Miami, Florida 33166