PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

97 DEC 17 AM 11:39

SECRETARY OF STATE

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040315

1. Corporation Name

KIDS FOR THE FUTURE ACADEMY, INC.

					17	ALLAHASSEE, FLOF	RIDA	
2801 W. (OAKLAND	Place of Business OAKLAND PARK BLVD. PFOREST. SUITE A-1. A-2 & A-3 ERDALE FL 33311	Mailing Address 2901 W. OAKLAND PARK BLVD. OAKLAND FOREST, SUITE A-1. A-2 & A-3 FT. LAUDERDALE FL 33311			TO PRESENT A TELEACHT (A)			
	addresses are incorrect in any way, line t Principal Office Address, If Applicable	rough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 05/10/1996			
Suite, Ap	t. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & Sta	110	City & State	City & State			65-068//34- Not Applicable		
Zip	Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED (for a Certificate of Status			
7. Name:	s and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list at lea	ast 3 directors)			
Title(s)	(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PTD	MORRIS, CLAUDIA B	220-24 JAMAIOCA AVE.			QUEENS VILLAGE NY 11428			
VSD PASSLEY, SIGEMOND			840 MONTGOMERY STREET			BROOKLYN NY 11213		
						*****750.00	00654 01021022 ****750.00	
,	8. Name and Address of Curren	l Registered Age	ent		9. Name and	d Address of New Registered	Agent	
2901 SUITI	SLEY, SIGESMOND W. OAKLAND PARK BLVD. E A-1 AUDERDFALE FL 33311			Street Address (P.O. Box Number is Not Acceptable) Suite, Ap1. #, Etc.				
10. I, belr Signature Registere	of d Agont	()	oration, am far	miliar with and accept the ol	bligations of So	FL	<u>-</u>]	
	his corporation owes or h tangible Personal Prope				No 🗹		de for Information ngible tax.)	
12 carlif	v that I am an officer or director or the rec	eiver or trustee er	mpowered to s	execute this application as n	arouided for in a	hapter 607 or 617 F.S. Lfurtho	r certify that when filing	

2. 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 pald 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 logal effect as if made under eath.

SIGNATURE: Jagos mond Jasley JIGESMOND /188 by 10-23-97 954. 485-5711