

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 10 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000017299

1. Corporation Name

Kids Plus Pre-School, Inc.

2. Principal Office Address

904 43RD ST. W.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34209

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/97

5. FEI Number

15-0729775

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

Gloria Orr

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

806 Whitfield Ave.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34243

100004092511

01/12/07--01003--006 **758.75

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

Gloria J. Orr

REGISTERED AGENT MUST SIGN

Date 1/3/07

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.	Gloria J. Orr	806 Whitfield Ave. <u>Sarasota, FL 34243</u>	Sarasota, FL 34243
Secretary	Allan G. Orr	806 Whitfield Ave. <u>Sarasota, FL 34243</u>	Sarasota, FL 34243

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 contained in Chapter 119, 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:

Gloria J. Orr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07

Date

941-355-3875

Daytime Phone #

2 1/10