

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000024291

1. Corporation Name

IT'S KIDS TIME, INC.

Principal Place of Business

Mailing Address

2475 G MCMULLEN BOOTH ROAD
CLEARWATER FL 34619

2475 G MCMULLEN BOOTH ROAD
CLEARWATER FL 34619

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

22055 LIS 19 N

3. New Mailing Office Address, If Applicable

22055 LIS 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33765

Country

USA

Zip

33765

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BUTLER, TIFFANY L	1012 WYNDHAM WAY	SAFETY HARBOR FL 34695
VP	WILDER, KATHY J	1800 McPhaulig Road	Clearwater FL 33765

8. Name and Address of Current Registered Agent

BUTLER, TIFFANY L
1012 WYNDHAM WAY
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Tiffany Wilder Butler
REGISTERED AGENT MUST SIGN

Date 2-24-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Tiffany Butler
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIFFANY BUTLER

2-24-99

727-724-1163



REINSTATEMENT

FILED

99 MAR 22 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002813107--9
-03/22/99--01068--007
****750.00 ****750.00

03/18/1997

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3439762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)