

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 JUN 25 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name **CENTRAL FLORIDA KIDS CO.**

**P97000029330**

2. Principal Office Address  
**1305 N.E. 1st**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Ocala, FL**

City & State

Zip **34470**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida **03/31/97**

5. FEI Number  
Applied for

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

98-01

**7. Name and Address of Current Registered Agent**

Name **CHRISTINA PERERA**

Street Address (P.O. Box Number is Not Acceptable)  
**1305 N.E. 1st**

Suite, Apt. #, Etc.

City  
**Ocala, FL**

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

**6/18/01**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Christine Perera	1305 N.E. 1st	Ocala FL 34470

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07/06/01 01014 027  
\*\*\*1208.75 \*\*\*1208.75

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)(f), F.S. The information included 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

**6/18/01**

1-352-629-2516  
Date Daytime Phone #

CORPORATE (6/00)