

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -9 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000060119**

1. Corporation Name

DR. PLAYGROUND, INC.

2. Principal Office Address

2851 POLK ST.

3. Mailing Office Address

P.O. Box 848254

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Pembroke Pines, FL

Zip

33020-4228

Country

USA

Zip

33084-0254

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-10-97

5. FEI Number

65-0768355

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

MICHAEL KROHN

500023669095

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

2851 POLK ST.

10/03/03--01063--006 **158 75

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020-4228

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

[Signature]

Date

10-3-03

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
PRES DIR	GLENEIDA G. KROHN	2851 POLK ST.	Hollywood, FL 33020-4228
VP DIR	MARLEE B. KROHN	504 S. 2 ND ST.	Jacksonville Beach, FL 32250
TREAS DIR	I. Michael Krohn III	2851 POLK ST.	Hollywood, FL 33020-4228
SEC DIR	TODD B. KROHN	504 S. 2 ND ST.	Jacksonville Beach, FL 32250

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] **Mike Krohn**

Date

10-3-03

Daytime Phone #

CR2E081 (10/02)

9/10/10