PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
02 FEB -7 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007761

1. Corporation Name
LA TOUCHE KIDS, INC

REINSTATEMENT 1999-2002

2. Principal Office Address	**3.** Mailing Office Address
17101 NW 47TH AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA LOCKA FL	City & State
Zip: 33055 Country: MIAMI-DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1998

5. FEI Number: 65-0808403 ☐ Applied For ☐ Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SUZANNA LATOUCHE

Street Address (P.O. Box Number is Not Acceptable): 17101 NW 47th Avenue

900004917659--8
-02/14/02--01008--002
***1200.00 ***1200.00

Suite, Apt. #, Etc.

City: Opa locka State: FL Zip Code: 33055

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: Suzanna Latouche Date: 1/21/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P/S	Suzanna Latouche	17101 NW 47th Ave	17101 NW 47th Ave
VP/T	Pauline Bryce	17101 NW 47th Ave	Miami, FL 33055

10. I certify that I am an officer or director of 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: Suzanna Latouche 1/20/02 (954) 963-9406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

TOTAL P.03

Charter Number Only

2/6/02

Beverley A. Linton-Davis, P.A
Requestor's Name
5921 Hollywood Blvd, #1
Address
Hollywood, Fl. 33021
City State ZIP Phone
9400

VALIDATION ONLY

CORPORATION(S) NAME

La Touche Kids, Inc.

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
02 FEB -7 AM 10:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA