

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P98000007761

**1. Corporation Name**

LA' TOUCHE KIDS, INC.

**2. Principal Office Address**

17101 NW 47 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33055

Country

USA

**3. Mailing Office Address**

P O BOX 4342

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33014

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/26/1998

**5. FEI Number**

65-0808403

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03

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

Name

LATOUCHE, SUZANNA

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

17101 NW 47 AVE

700025899877

Suite, Apt. #, Etc.

12/31/03--01058--007 \*\*750.00

City

MIAMI

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

*[Signature]*

Date

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
PS	LATOUCHE, SUZANNE	17101 NW 47 AVE	MIAMI, FL 33055
VPT	BRYCE, PAULINE	17101 NW 47 AVE	MIAMI, FL 33055

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #