

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 20 AM 8:00

DOCUMENT # P98000001439 3

1. Corporation Name

Kiddie's Care Center, Inc

2. Principal Office Address

16209 S. W 15 St

Suite, Apt. #, etc.

City & State

Pembroke Pines Fla

Zip

33027

Country

USA

3. Mailing Office Address

16209 S. W 15 St

Suite, Apt. #, etc.

City & State

Pembroke Pines Fla

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-1007672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000021956420

08/20/03--01018--006 **535.00

7. Name and Address of Current Registered Agent

Name

Anna Fleurino

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

16209 S. W 15 St

Suite, Apt. #, Etc.

City

Pembroke Pines

000021956420

07/31/03--01023--003 **665.00

REINSTATEMENT 00-03

State

FL

Zip Code

33027

MRD

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

Anna Fleurino

REGISTERED AGENT MUST SIGN

Date

7/28/03

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
President	Anna Fleurino	16209 S. W 15 St	Pembroke Pines, FL 33027
V.P.	Larry L. Lewis	16209 S. W 15 St	Pembroke Pines Fla 33027
Treasurer	Kinnara R. Lewis	16209 S. W 15 St	Pembroke Pines Fla 33027

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:

Anna Fleurino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/28/03 (305) 469-9849

Daytime Phone #