PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUL 17 PM 4:18
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079602

1. Corporation Name: Kids Kingdom of Fleming Island, Inc.

REINSTATEMENT 02-03
07-15-03 01026 003 $900.00

2. Principal Office Address	3. Mailing Office Address
7608 River Ave	Same
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.:
City & State: Green Cove Springs, FL	City & State:
Zip: 32043 County: Clay	Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida:

5. FEI Number: 59-3575842 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

Barbara L Thompson 7. Name and Address of Current Registered Agent

Name: Kids Kingdom of Fleming Island, Inc.

Street Address (P.O. Box Number is Not Acceptable): 7608 River Ave

Suite, Apt. #, Etc.: N/A

City: Green Cove Springs, FL State: FL Zip Code: 32043

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: Barbara L Thompson REGISTERED AGENT MUST SIGN Date: 07-11-03

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
PD	Barbara L Thompson	7608 River Ave	Green Cove Sp, FL 32043
VP	Mark S Thompson	7608 River Ave	Green Cove Sp, FL 32043
SEC	JANET Thompson	1923 FAEMWAY	MIDDLEBURG 32068

7/11/03

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: Barbara L Thompson BARBARA THOMPSON (904) 284-7839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #