

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000097858

1. Corporation Name

KIDS JUNGLE KUTS, INC.

Principal Place of Business

6931 RED ROAD
CORAL GABLES FL 33143

Mailing Address

6931 RED ROAD
CORAL GABLES FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/20/1998

5. FEI Number

65-0879139

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	ROSENBLATT, BRAD	10155 COLLINS AVE. #1104	BAL HARBOUR FL 33154
DV	ROBLEWICZ, URI	10155 COLLINS AVE. #1104	BAL HARBOUR FL 33154
DST	KREPS, DAVID	5222 NORTH BAY ROAD	MIAMI BEACH FL 33139

8000003052258-7
-11/23/99--01004--018
***158.75 ***158.75
LS

8. Name and Address of Current Registered Agent

ROSENBLATT, BRAD
6931 RED ROAD
CORAL GABLES FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Brad Rosenblatt

REGISTERED AGENT MUST SIGN

Date

10/16/99

11. 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:

Brad Rosenblatt

BRAD ROSENBLATT

Date

10/16/99 305-740-5830

Daytime Phone #

October 16, 1999

Florida Department of Corrections
Division of Community Corrections
P.O. Box 612
Tallahassee, Florida 32304

RE: [REDACTED]

To: [REDACTED]

Attached to this letter is the Reinstatement Fee. I have enclosed a check for \$100.00 per [REDACTED] to reinstate. If you check your [REDACTED] feel free to contact me with [REDACTED]

Sincerely,

[REDACTED]

6031 Red
Coral Gables
Florida 33143
Tel: 305-740-6839
Fax: 305-944-1760
www.kidsjungle.com

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