

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000020561**

1. Corporation Name

KID'S CARE CONSULTING, INC.

Principal Place of Business

~~261 NORTH WEST 45TH COURT~~
~~FT LAUDERDALE FL 33309~~

Mailing Address

~~261 NORTH WEST 45TH COURT~~
~~FT LAUDERDALE FL 33309~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt., #, etc.

~~4320 NE 16th Avenue~~

~~City & State~~
~~Oakland Park, FL.~~

~~Zip~~
~~33334~~

~~Country~~
~~U.S.A.~~

Suite, Apt., #, etc.

~~4320 NE 16th Avenue~~

~~City & State~~
~~Oakland Park, FL.~~

~~Zip~~
~~33334~~

~~Country~~
~~U.S.A.~~

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1999

5. FEI Number

65-0905662

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LYNCH, LESLIE	261 NORTH WEST 45TH COURT 4320 NE 16th Avenue	FT LAUDERDALE FL 33309 Oakland Park, FL. 33334
D	JUNQUERA, ANGEL L	45 EAST 53RD TERRACE 51 SW 11 street #1521	MIAMI FL 33013 Miami, FL. 33130

700024805837
11/18/03--01055--025 **758.75

8. Name and Address of Current Registered Agent

LYNCH, LESLIE
261 N.W. 45TH COURT
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

Leslie Lynch

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

4320 NE 16th Avenue

Suite, Apt., #, Etc.

City

Oakland Park

State

FL

Zip Code

33334

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel Junquera

Date

10/16/03 (984) 587-1008

Daytime Phone #

CR2ED40 (7/03)