

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 15 PM 5:00

DOCUMENT # P99000081889

1. Corporation Name

AMAZING KIDS, INC.

Principal Place of Business

300 BISCAYNE BOULEVARD WAY, SUITE 800  
MIAMI FL 33131

Mailing Address

300 BISCAYNE BOULEVARD WAY, SUITE 800  
MIAMI FL 33131

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPST	SAPIR, AGNES D	300 BISCAYNE BOULEVARD WAY, SUIT	MIAMI FL 33131

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-12/07/01--01004--022

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
AGNES D. SAPIR / AMAZING KIDS  
Street Address (P.O. Box Number is Not Acceptable)  
300-BISCAYNE Blvd way  
Suite, Apt. #, Etc.  
800-  
City  
Miami Beach  
State  
FL  
Zip Code  
33131

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

October 17/01

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:

AGNES D. SAPIR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 17/01 305.5321118

Daytime Phone #

CR2E040 (601)

300 Biscayne Blvd. Way • Suite 800  
Miami, Florida 33131



Phone: 305-532-1118 • Fax: 305-532-1218  
[www.amazingkidsinc.com](http://www.amazingkidsinc.com)

Please be Advised That NO  
Notice has been Received by our  
Office Regarding The Uniformed bussiness  
Report.

Enclosed you will find \$150.00  
That your office Advised us to  
Sent for Reinstatement.

Please advise is there is Additional  
Information that you need.

Jim Dagan Jr