

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 15 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #**

**1. Corporation Name**

P99 000081889

Amazing Kids Inc.

**2. Principal Office Address**

300 Biscayne Blvd. Way

Suite, Apt. #, etc.

Suite-800

City & State

MIAMI, Florida

Zip

33131

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/16/1999

**5. FEI Number**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Jennifer E. Sapir

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

3001 S. ocean drive

Suite, Apt. #, Etc.

#4X

City

Hollywood

State

FL

Zip Code

33019

100005338451--6

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\*\*\*\*908.75 \*\*\*\*908.75

**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

Jennifer E. Sapir

REGISTERED AGENT MUST SIGN

Date 04/09/2002

**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	Jennifer E. Sapir	3001 S. ocean drive #4X Hollywood, Florida 33019	Hollywood, Florida 33019

**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:**

Jennifer E. Sapir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/02

Date

305-532-1118

Daytime Phone #

CR2E081 (9/01)