

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000097916

1. Corporation Name

KID'S WORLD LEARNING CENTER INC.
2570 NW 152ND TERRACE
OPA LOCKA FL 33054

2. Principal Office Address

2570 NW 152ND TERR.

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

Zip

33054

Country

USA

3. Mailing Office Address

2570 NW 152ND TERR.

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

Zip

33054

Country

USA

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified To Do Business in Florida 11/04/1999

5. FEI Number
65-0965700

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

THOMASINA WHITAKER

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

18800 NW 2ND AVENUE

Suite, Apt. #, Etc.

SUITE 221

City

MIAMI

300005677629--8

-06/04/02--01061--001

*****900.00 *****900.00

State

FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date

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
P	DARIA ALEXANDER	530 NW 89 AVE, PEMBROKE	PEMBROKE PINES, FL 3302
VP	CECELY ALEXANDER	2941 NW 162 STREET	OPA LOCKA FL 33054

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/02 305-758-8033

Date

Daytime Phone #

CR2E031 (9/01)