

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -8 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V132345

1. Corporation Name

KIDS KORNER CHILDRENS
SERVICES, INC.

2. Principal Office Address

5930 8TH ST.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip

33542

Country

USA

3. Mailing Office Address

5522 GALL BLVD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip

33542

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/27/92

5. FEI Number

59-3135295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

ROBERT C. BURNETTE, ESQ.

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

5522 GALL BLVD

Suite, Apt. #, Etc.

City

ZEPHYRHILLS, FL

State

FL

Zip Code

33542

000037720350
06/07/04--01029--016 **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

[Signature]

Date

6/3/04

REGISTERED AGENT MUST SIGN

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
PSTD	PATRICIA A. BURNETTE	31352 WRENCREST	33543 WESLEY CHAPEL, FL
D	ROBERT C. BURNETTE	31352 WRENCREST	33543 WESLEY CHAPEL, FL

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] ESQ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04

Date

Daytime Phone #

813-788-6800

CR2E081 (01/04)