2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2008
Secretary of State

DOCUMENT# P06000092682

Entity Name: KIDDIE CAMPUS DAYCARE-LEARNING CENTER INC

Current Principal Place of Business:

1700 REID ST.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 457
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 20-5202008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, GLENDA G
202 WEST HOLTZ STREET
HASTINGS, FL 32145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLENDA G. PORTER
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: PORTER, HIAWATHIA JR.
Address: P.O. BOX 457
City-St-Zip: HASTINGS, FL 32145

Title: VPD ( ) Delete
Name: PORTER, GLENDA G
Address: P.O. BOX 457
City-St-Zip: HASTINGS, FL 32145

Title: S (X) Delete
Name: DIXON, KIMBERLY
Address: P.O. BOX 1134
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENDA G. PORTER VPD 10/25/2008
Electronic Signature of Signing Officer or Director Date