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# 2007 FOR PROFIT CORPORATION REINSTATEMENT


# FILED

2007 SEP 27 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000058010**

1. Entity Name  
**BERNDT'S KIDS, INC.**



Principal Place of Business  
**6295 SUNSET DRIVE  
SOUTH MIAMI, FL 33143**

Mailing Address  
**6295 SUNSET DRIVE  
SOUTH MIAMI, FL 33143**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**8930 SW 162 Terrace**

Suite, Apt. #, etc.

City & State  
**Palmetto Bay, Fla**

Zip  
**33157**

Country  
**DAD**



09192007 REIN-P CR2E098 (1/07)

4. FEI Number  
**65-0782295**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERNDT, CHARLES T (Berndt)  
8225 SW 164TH TERRACE  
MIAMI, FL 33157**

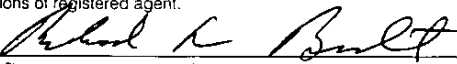
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNDT, RICHARD N</b> <b>9760 SW 143RD STREET</b> <b>MIAMI, FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Berndt, Richard N.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8930 SW 162 Terrace</b> <b>Palmetto Bay FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNDT, CHARLES T</b> <b>8225 SW 164TH TERRACE</b> <b>MIAMI, FL 33157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000110019480</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>09/27/07--01045--001 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUBIN, LAURA</b> <b>12421 SW 89TH AVENUE</b> <b>MIAMI, FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **9-25-07** DAYTIME PHONE # **705 992 4549**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/07

7/25/07

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To Whom It May Concern,

We never received the original forms due to the change of address. We attempted to change the address on-line without success.

Could you please waive the late fee.

Enclosed is a check for \$158.75

Thank You

Phil Bull