PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 30 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050510

1. Corporation Name: KIDS VALLEY, Inc.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
21036 SW 129 PL.	21036 SW 129 Pl.
Suite, Apt. #, etc.: /	Suite, Apt. #, etc.: /
City & State: Miami	City & State: Miami
Zip: 33177 Country: DADE	Zip: 33177 Country: DADE.

4. Date Incorporated or Qualified To Do Business in Florida: May. 3. 02.

5. FEI Number (EIN#): 03-0441271 — ☑ 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: Melissa Perez

Street Address (P.O. Box Number is Not Acceptable): 21036 SW 129 Pl

000080180530
11/09/06--01023--006 **141.25

Suite, Apt. #, Etc.: /

000080180530
11/09/06--01023--007 **8.75

City: Miami | State: FL | Zip Code: 33177

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: Melissa Perez — Date: 09/05/06

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
President:	Melissa Perez	21036 SW 129 Pl.	Miami · FL · 33177
Vice President:	Diana Lago	28153 SW 165 CT.	Miami · FL · 33053
Secretary:	Diana Lago.	28153 SW 165 CT.	Miami · FL · 33053
Treasurer:	Melissa Perez	21036 SW 129 PL.	Miami · FL · 33177
		000080180530 09/28/06--01038--017 **450.00	
		000080180530 09/28/06--01038--018 **8.75	

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 contained in Chapter 119, 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: Melissa Perez / Melissa Perez — 09/05/06 — 786-317-7364.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/31
CW