

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR -3 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K67080

1. Corporation Name

Kennedy Child Care, Inc
DBA - Carousel Kiddie Kingdom

2. Principal Office Address

1412 SE 16 Place

Suite, Apt. #, etc.

3. Mailing Office Address

1412 SE 16 Place

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33990

Country

Lee

City & State

Cape Coral FL

Zip

33990

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/89

5. FEI Number

65-0101757

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

Change to - Marianita Kennedy

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

30 SE 10 Ave

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

Marianita M Kennedy
REGISTERED AGENT MUST SIGN

Date

3/29/03

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
Pres	James M Kennedy	30 SE 10 Ave	Cape Coral FL 33990
Secretary	Marianita M Kennedy	30 SE 10 Ave	Cape Coral FL 33990

600015290766

04/03/03--01047--008 **300.00

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:

Marianita M Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/03

Daytime Phone #

239 5743515

CR2E081 (10/02)

CAROUSEL KIDDIE KINGDOM

1412 SE 16 Place
Cape Coral, Florida 33990
239-574-3515
230-574-4889 fax

March 29, 2003

To whom it may concern;

I am enclosing the reinstatement of corporation. Please waive the reinstatement fee because we did not receive the form last year or this year. I am also enclosing a check for \$300 to pay for last year and this year. If you have any questions please call me at 239-574-3515 . Thank you.

Sincerely,

Marianita M Kennedy

Marianita Kennedy
