


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILED</b> 01 OCT 29 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
<b>DOCUMENT #</b> 1. Limited Liability Company's Name  <b>KidzLink, LLC</b>		<b>REINSTATEMENT 200</b> 4. State/Country of Formation <b>FLORIDA - USA</b> 5. Date Organized or Qualified To Do Business in Florida <b>11/00</b> 6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$3.00 Additional Fee required for Certificate of Status</b>	
2. Principal Office Address <b>11320 SW 131st.</b> Suite, Apt. #, etc.  City & State <b>Miami, FL</b> Zip <b>33170</b> Country <b>USA</b>		3. Mailing Office Address <b>SAME</b> Suite, Apt. #, etc.  City & State  Zip  Country	
<b>8. Name and Address of Current Registered Agent</b>			
Name <b>MARIA C. FLORES</b> Street Address (P.O. Box Number is Not Acceptable) <b>11320 SW 131 Street</b> Suite, Apt. #, Etc.  City <b>Miami</b> State <b>FL</b> Zip Code <b>33170</b> <div style="text-align: right;">200004676602-6 -11/13/01--01057--004 ****150.00 ****150.00</div>			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u><i>Maria C. Flores</i></u> Date <b>10-22-01</b> REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	FLORES, MARIA	11320 SW 131st	Miami / FL / 33170
MEM	Cortez, Miguel	11320 SW 131 st	Miami / FL / 33170
MEM	Negron, Frank	11320 SW 131 st.	Miami / FL / 33170
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u><i>Maria C. Flores</i></u> Date <b>10-22-01</b> Daytime Phone # <b>786-243-0092</b> Typed or printed name of signing Managing Member/Manager <b>MARIA C. FLORES</b>			

CR2ED41 (9/01)