2013 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L03000051828

1. Entity Name

KID'S WORLD ACADEMY L.L.C.

FILED

13 MAY 24 PM II: 55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1849 CAPITAL MEDICAL CT TALLAHASSEE, FL 32308	1849 CAPITAL MEDICAL CT TALLAHASSEE, FL 32308

05242013   REIN-LLC   CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4. FEI Number** 02-0713985	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
Zip | Country	Zip | Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAKIBAI, MANIJEH 1849 CAPITAL MEDICAL CT TALLAHASSEE, FL 32308	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

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

5/24/13
DATE

FILE NOW!!! FEE IS $377.50

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAKIBAI, MANIJEH MRS. 1849 CAPITAL MEDICAL CT TALLAHASSEE, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000248261660 05/24/13--01009--024 **377.50	☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 5/24/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   E-MAIL ADDRESS