2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 11, 2007
Secretary of State

DOCUMENT# L05000117410

Entity Name: KIDSTRONG, LLC

Current Principal Place of Business:

725 LEXINGTON RD.
PENSACOLA, FL 32514 US

New Principal Place of Business:

11558 HAVEN WOOD ROAD
PENSACOLA, FL 32514 US

Current Mailing Address:

725 LEXINGTON RD.
PENSACOLA, FL 32514 US

New Mailing Address:

11558 HAVEN WOOD ROAD
PENSACOLA, FL 32514 US

FEI Number: 20-3916221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOOVER, JOLETTE C
725 LEXINGTON RD.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

HOOVER, JOLETTE C
11558 HAVEN WOOD ROAD
PENSACOLA, FL 32514 US

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.

SIGNATURE: JOLETTE C HOOVER 05/11/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOOVER, JOLETTE C
Address: 725 LEXINGTON RD.
City-St-Zip: PENSACOLA, FL 32514 US

Title: MGRM ( ) Delete
Name: RONCA, KELLY A
Address: 1418 STARLIGHT DR.
City-St-Zip: CANTONMENT, FL 32533 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOOVER, JOLETTE C
Address: 11558 HAVEN WOOD ROAD
City-St-Zip: PENSACOLA, FL 32514 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOLETTE C HOOVER MGRM 05/11/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date