


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	--

FILED

06 JUN -7 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9900000 4277

1. Limited Liability Company's Name

JUST FOR TOTS Learning Academy LLC

CR2E041 (8/05)

2. Principal Office Address <u>8751 N. Himes Ave</u> Suite, Apt. #, etc. <u>—</u> City & State <u>Tampa FL</u> Zip <u>33614</u> Country <u>US</u>		3. Mailing Office Address <u>P.O. Box 262404</u> Suite, Apt. #, etc. <u>—</u> City & State <u>Tampa FL</u> Zip <u>33685</u> Country <u>US</u>	
---	--	---	--

4. State/Country of Formation	<u>FLORIDA</u>
5. Date Organized or Qualified To Do Business in Florida	<u>7-12-99</u>
6. FEI Number	<u>59-3587580</u>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	<input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	
Name	<u>Eva Pinzon</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>8751 N. Himes Ave.</u>
Suite, Apt. #, Etc.	<u>—</u>
City	<u>Tampa</u>
State	<u>FL</u>
Zip Code	<u>33614</u>

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 Eva Pinzon Date 6/6/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MSA</u>	<u>EVA PINZON</u>	<u>8751 N. Himes</u>	<u>TAMPA FL 33614</u>
<u>MSA</u>	<u>Angel Rodriguez</u>	<u>" "</u>	<u>" "</u>

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 Angel Rodriguez Date 9-20 Daytime Phone # 813-690-7278

Typed or printed name of signing Managing Member/Manager _____