2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2008
Secretary of State

DOCUMENT# N04000006891

Entity Name: KINGDOM KIDS OF TAMPA BAY, INC.

Current Principal Place of Business:

12933 RAIN FOREST STREET
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

12933 RAIN FOREST STREET
TAMPA, FL 33617

New Mailing Address:

FEI Number: 27-0106350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JAMES, BONNIE C
12933 RAIN FOREST STREET
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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: BONNIE JAMES
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JAMES, BONNIE C
Address: 12933 RAIN FOREST STREET
City-St-Zip: TAMPA, FL 33617 US

Title: VP ( ) Delete
Name: JAMES, MICHAEL L
Address: 12933 RAIN FOREST STREET
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: RIDDICK, WANDA
Address: 8614 COBBLER PL
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: WILLIAMSON, DARRYL
Address: 5207 SEMINOLE AVE.
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: SHARP, SUSAN
Address: 110 E. MADISON STREET, SUITE 200
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: ASHFORD, SHETAY N
Address: 913 DOUBLE FILE TRAIL
City-St-Zip: ROUND ROCK, TX 78664

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change ( ) Addition
Name: GEHRIG, MICHELLE E
Address: 1021 10TH STREET N.
City-St-Zip: SAINT PETERSBURG, FL 33705

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE JAMES P 11/02/2008
Electronic Signature of Signing Officer or Director — Date