2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005292

Entity Name: A KID'S PLACE OF TAMPA BAY, INC.

FILED Oct 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4115 W SPRUCE STREET 1715 LITHIA PINECREST ROAD TAMPA, FL 33617 BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** 1715 LITHIA PINECREST ROAD PO BOX 1769 TAMPA, FL 33601 BRANDON, FL 33511 FEI Number: 26-2757636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANNA, LINDA C 600 S MAGNOLIA AVE SUITE 125 TAMPA, FL 33606 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: LINDA HANNA Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition MACKINNON, DOTTIE B MS Name: Name: Address: Address: 334 BLANCA AVE City-St-Zip: City-St-Zip: TAMPA, FL 33606 US Title: Title: () Change (X) Addition () Delete Name: Name: GRUNDEL, DEDE MS Address: Address: 15109 GOLDEN EAGLE WAY City-St-Zip: City-St-Zip: TAMPA, FL 33625 US Title: () Delete Title: () Change (X) Addition TUBB, MARK Name: Name: 4908 SYLVAN OAKS DR Address: Address: City-St-Zip: City-St-Zip: VALRICO, FL 33596 US Title: () Delete Title: SEC () Change (X) Addition Name: Name: SULLIVAN, JOSEPH MR 1105 NIKKI VIEW DRIVE Address: Address: BRANDON, FL 33511 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition TROY, JOE MR Name: Name: 4925 ANDROS DRIVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33629 US Title: () Delete Title: () Change (X) Addition HANNA, LINDA MS Name: Name:

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.

Address:

City-St-Zip:

600 S MAGNOLIA AVENUE #125 TAMPA, FL 33606 US

SIGNATURE: DEDE GRUNDEL DIR 10/22/2009

Address:

City-St-Zip: