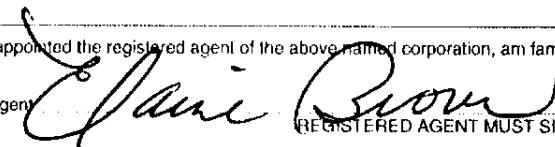
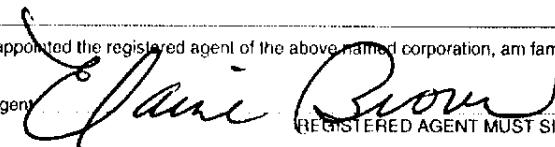
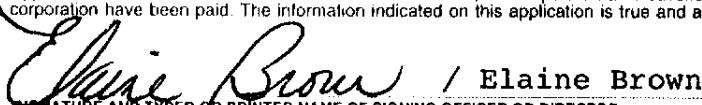


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Moyle Secretary of State DIVISION OF CORPORATIONS	FILED 97 JAN -6 AM 7:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
DOCUMENT #N9300005725			
1. Corporation Name Kids Kampus Metropolitan Park, Inc.			
Principal Place of Business P O Box 26757 Jacksonville, Florida		Mailing Address 32226	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
Pres	Elaine Brown	6650 Southpoint Pkwy	Jacksonville, Fl 32216
V P	DeWitt Gibbs	14501 Denton Rd.	Jacksonville, Fl 32226
Sec	Bobbi Edge	1800 Executive Dr.	Jacksonville, Fl 32207
Tres	Bill Gallup	3820 Meek Dr.	Jacksonville, Fl 32277
			600002054576-4 -01/10/97-01098-005 ***297.50 ***297.50
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN		Name Elaine Brown / St Johns & Partners	State FL Zip Code 32216
		Street Address (P.O. Box Number is Not Acceptable) 6650 Southpoint Pkwy Suite, Apt. #, Etc.	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent  REGISTERED AGENT MUST SIGN		Date 12-10-96	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12-10-96 (904)281-2500 Daytime Phone #	