PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000060293

1. Corporation Name: Kazooties Early Learning Center Inc.

2. Principal Office Address	3. Mailing Office Address
9864 NW 56th place	3816 N University Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Sunrise, FL
Zip: 33076 Country: Broward	Zip: 33351 Country: Brown

4. Date Incorporated or Qualified To Do Business in Florida: 6/26/00

5. FEI Number: 65-1019266 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: Cindy Brown

Street Address (P.O. Box Number is Not Acceptable): 9864 NW 56th place

Suite, Apt. #, Etc.

City: Coral Springs State: FL Zip Code: 33076

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Cindy Brown — REGISTERED AGENT MUST SIGN — Date: 11/1/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Cindy Brown	9864 NW 56th place	Coral Springs, FL 33076

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Cindy Brown — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/1/01 — Daytime Phone #: (954)742-7783