

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 17, 2008  
Secretary of State**

DOCUMENT# P02000108796

Entity Name: KIDZVILLE, INC.

**Current Principal Place of Business:**

108 E MICHIGAN  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

108 E MICHIGAN  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number: 38-3662817      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, KRISTEN  
3263 CODY TAYLOR LN  
BONIFAY, FL 32425      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: KATHY GARDNER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: NELSON, KRISTEN  
Address: PO BOX 858  
City-St-Zip: CHIPLEY, FL 32428

Title: D      ( ) Delete  
Name: RUSS, DEBBIE  
Address: PO BOX 1176  
City-St-Zip: BONIFAY, FL 32425

Title: D      ( ) Delete  
Name: GARDNER, KATHY  
Address: PO BOX 755  
City-St-Zip: BONIFAY, FL 32425

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY GARDNER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

10/17/2008

\_\_\_\_\_  
Date