


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000094201		
1. Entity Name KIDS TIME KIDDEKARE INC.		

Principal Place of Business 3099 ORANGE CENTER BLVD ORLANDO, FL 32805	Mailing Address 3099 ORANGE CENTER BLVD ORLANDO, FL 32805
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
SMITH, KEISHA 4733 LANTERN CT ORLANDO, FL 32808	

7. Name and Address of New Registered Agent	
Name <u>Keisha Smith</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3099 Orange Center Blvd.</u>	
City <u>Orlando</u>	FL Zip Code <u>32805</u>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Keisha Smith DATE 12/26/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KEISHA 4733 LANTERN CT ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Keisha Smith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/26/06 Daytime Phone #

FILED

07 JAN -9 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12262006 REIN-P CR2E098 (11/05)

4. FEI Number
27-0065957

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

REINSTATEMENT

8000847261
01/17/07--01028--003 **300.00

K. Eckel JAN 10 2007