


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000120390		
1. Entity Name M & D KIDZ, INC.		

Principal Place of Business 19195 MYSTIC POINTE DRIVE SUITE #2909 AVENTURA, FL 33180 US	Mailing Address 19195 MYSTIC POINTE DRIVE SUITE #2909 AVENTURA, FL 33180 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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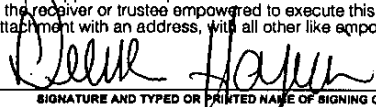
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent KLEIN, ROBERT G CPA 3251 S.W. 13TH DRIVE DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Ira R. Shapiro Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18th Avenue, Suite 225 City North Miami Beach FL Zip Code 33162	
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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  Signature, typed or printed name of registered agent and title if applicable.	Ira R. Shapiro (NOTE: Registered Agent signature required when reinstating) DATE 7-28-06

FILE NOW!!! FEE IS \$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	PSTD HAJUN, DEENA 19195 MYSTIC POINTE DRIVE, SUITE #2909 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100078482771 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/08/06--01062--004 **300.00
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/8/3 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7/28/06 305333-1886 Date Daytime Phone #

FILED
06 JUL 31 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

