
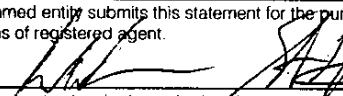



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

1263

<b>DOCUMENT # P04000137852</b> 1. Entity Name <b>K. K L + B BABY INN DAY CARE INC.</b>					
Principal Place of Business <b>14901 NE 7 CT MIAMI, FL 33161</b>			Mailing Address <b>14901 NE 7 CT MIAMI, FL 33161</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>56-2484985</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PATTERSON, QUIETA 730 NE 122 ST MIAMI, FL 33161</b>				7. Name and Address of New Registered Agent Name <b>LUBEN ST FLEUR</b> Street Address (P.O. Box Number is Not Acceptable) <b>14901 NE 7 COURT</b> City <b>MIA</b> State <b>FL</b> Zip Code <b>33161</b>	
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:  DATE: <b>11/21/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ST-FLEUR, KELLY E 14901 NE 7 CT MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>600113191466</b> <b>12/17/07--01037--008 **158.75</b> <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		
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: 			11/21/07      305 986-8826 <small>Date      Daytime Phone #</small>		

11/21/07

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To whom it may Concern,

My name is Kelly St Hure  
I am writing this notice stating  
that I've been in New York since  
May 21 2007 & Return on Nov 9, 2007  
my mail was never forwarded  
to me neither did I receive  
the notice. I'm very sorry about  
this problem but I've been paying  
my license on time for 2 years anyway  
I was ill & have some treatment  
done in New York at Mount Sinai  
hospital in Manhattan anyway  
for any Question Please Call me  
at 305.986.5826 for a more detail  
Explanation.

Thank you  
Kelly  
St Hure

