

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000129771

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

**Entity Name:** KID'S ZONE EDUCATION AND CARE, INC

**Current Principal Place of Business:**

1139 EVERITT AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1139 EVERITT AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 20-3567745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPENCE, LINDA  
2921 AVON ROAD  
PANAMA CITY, FL 32405 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: LINDA SPENCE

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SPENCE, LINDA  
Address: 2921 AVON ROAD  
City-St-Zip: PANAMA CITY, FL 32405 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA SPENCE

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

PST

09/30/2011

\_\_\_\_\_  
Date