

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000074588

1. Entity Name
MRS V'S ALPHABET KIDZ INC.



FILED

09 MAY 11 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1212 STONE ROAD
TALLAHASSEE, FL 32303

Mailing Address
1212 STONE ROAD
TALLAHASSEE, FL 32303



2. Principal Place of Business - No P.O. Box #
1212 Stone Road
Suite, Apt. #, etc.

3. Mailing Address
1212 Stone Road
Suite, Apt. #, etc.

05112009 REIN-P CR2E098 (1/07)

City & State
Tallahassee, FL
Zip
32303
Country
US

City & State
Tallahassee
Zip
32303
Country
US

4. FEI Number
26-0442834
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STEWART, VALERIE
1212 STONE ROAD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
Name
Valerie Stewart
Street Address (P.O. Box Number is Not Acceptable)
1212 Stone Road
City
Tallahassee
FL
Zip Code
32303

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
Valerie Stewart

(NOTE: Registered Agent signature required when reinstating)

5/11/09
Date

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEWART, VALERIE 1212 STONE ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

05-09
[Signature]

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 another like empowered.

SIGNATURE: Valerie Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/09
Date

Daytime Phone #