

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000053272

**FILED**  
**May 17, 2012**  
**Secretary of State**

**Entity Name:** KINGDOM KIDZ 24 HOUR CHILD CARE & LEARNING CENTER INC.

**Current Principal Place of Business:**

9415 SE MARICAMP RD.  
OCALA, FL 34472 US

**New Principal Place of Business:**

**Current Mailing Address:**

9413 SW MARICAMP RD.  
OCALA, FL 34472

**New Mailing Address:**

9415 SE MARICAMP RD.  
OCALA, FL 34472 US

**FEI Number:** 27-0402210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBERSON, TRACY W  
3 ALMOND LANE  
OCALA, FL 34472 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:** TRACY ROBERSON

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROBERSON, TRACY W  
**Address:** 3 ALMOND LANE  
**City-St-Zip:** OCALA, FL 34472 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:** TRACY ROBERSON

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

P

05/17/2012

\_\_\_\_\_  
Date