CAPITAL CONNECTION 850 222 1222 10/09 '00 10:29 NO.284 05/06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
00 OCT 11 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000116336

1. Corporation Name
Kids Unlimited, Inc.

2. Principal Office Address	3. Mailing Office Address
301 Baker Street	301 Baker Street
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Mt. Dora, Florida	City & State Mt. Dora, Florida
Zip 32757 Country USA	Zip 32757 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 2/28/95

5. FEI Number 59-3303090 Applied For / Not Applicab

6. CERTIFICATE OF STATUS DESIRED [X] $5.75 Additional Fee requi for a Certificate of Statu

7. Name and Address of Current Registered Agent

Name: Steven J. Shamrock
Street Address (P.O. Box Number is Not Acceptable): 301 Baker Street
Suite, Apt. #, Etc.: 2nd Floor
City: Mt. Dora, Florida 32757 State: FL Zip Code: 32757

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X _____ Date: Oct. 10 2000
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Steven J. Shamrock	301 Baker Street, 2nd Floor	Mt. Dora, FL. 32757

REINSTATEMENT 600

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X _____, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 10 2000
Date

357-589-0506
Daytime Phone #