

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000017299 1. Entity Name KIDS PLUS PRE-SCHOOL INC.						FILED 05 NOV 17 PM 4:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 904 43RD STREET WEST BRADENTON, FL 34209			Mailing Address 904 43RD STREET WEST BRADENTON, FL 34209			 REINSTATEMENT 2005 10312005... CH2E098 (6/04)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip Country					
4. FEI Number NOT APPLICABLE				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ORR, GLORIA J 904 43RD STREET WEST BRADENTON, FL 34209				Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code			
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 <i>Gloria J. Orr</i>		<i>Gloria J. Orr President</i>			<i>11/11/05</i>		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORR, GLORIA J 904 43RD STREET WEST BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/17/05--01050--001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition **750.00 100081521431 11/17/05--01050--001 **750.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORR, ALLAN G 904 43RD STREET WEST BRADENTON, FL 34209	<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			
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Gloria J. Orr</i>		<i>Gloria J. Orr President</i>			<i>11/11/05</i>		<i>941-747-4904</i>
Signature and typed or printed name of signing officer or director		Date			Daytime Phone #		