


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 27 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058010		
1. Entity Name BERNDT'S KIDS, INC.		

Principal Place of Business 6295 SUNSET DRIVE SOUTH MIAMI, FL 33143	Mailing Address 6295 SUNSET DRIVE SOUTH MIAMI, FL 33143
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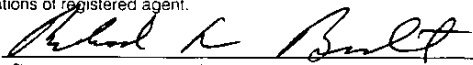
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8930 SW 162 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palmetto Bay, Fla	
Zip	Country	Zip 33157	Country Dade



09192007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent BERNDT, CHARLES T (Berndt) 8225 SW 164TH TERRACE MIAMI, FL 33157		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, 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	D BERNDT, RICHARD N 9760 SW 143RD STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Berndt, Richard N. 8930 SW 162 Terrace Palmetto Bay FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNDT, CHARLES T 8225 SW 164TH TERRACE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000110019480 09/27/07--01045--001 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, LAURA 12421 SW 89TH AVENUE MIAMI, FL 33176 <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 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 all other like empowered.

SIGNATURE:  9-25-07 705 992 4549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/1/07

7/25/07

212

To Whom It May Concern,

We never received the original forms due to the change of address. We attempted to change the address on-line without success.

Could you please waive the late fee.

Enclosed is a check for \$158.75.

Thank You

Phil Bull