

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 JAN 24 AM 8:20

CORPORATION
 REINSTATEMENT
 P990000/2918
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P990000/2918
 1. Corporation Name
 Kids Excel Childcare Learning Center Inc.

2. Principal Office Address 1415 N. Pine Hills Rd Suite, Apt. #, etc.		3. Mailing Office Address 1415 N. Pine Hills Rd Suite, Apt. #, etc.	
City & State Orlando, FL.		City & State Orlando, FL.	
Zip 32808	Country USA	Zip 32808	Country USA

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 ****900.00 ****900.00
 4. Date Incorporated or Qualified To Do Business in Florida 1999
 5. FEI Number 59-3588263 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
 Name Marlene Cousins
 Street Address (P.O. Box Number is Not Acceptable) 1415 N. Pine Hills Rd.
 Suite, Apt. #, Etc.
 City Orlando State FL Zip Code 32808

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 Mal A. Cousins Date 12/6/00
 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
P/D	Rufus T.M. Kullee	1415 N. Pine Hill. Rd	Orlando, FL. 32808
V/D	Marlene Cousins	1415 N. Pine Hills Rd	Orlando, FL. 32808
D	Albernis Cousins	1415 N. Pine Hills Rd	Orlando, FL. 32808
D	Kenneth Cousins	1415 N. Pine Hills Rd	Orlando, FL. 32808

REINSTATEMENT 00-01
 NJ 1-26-2001

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: Mal A Cousins, VP President/Director 12/6/00 Date (407) 822-5304 Daytime Phone #

CR2E081 (9/99)