=

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORID DEPARTMENT OF SATE AT IN THE HARTS DIVISION OF CORPORATIONS | SECRETARY OF STATE SECRETARY OF STATE OO DEC -5 AM 10: 18 | |
|--|---|---|-------|
| DOCUMENT # f99000032163 1. Corporation Name Kuddly Kids Day Care Center, Inc | | | |
| 2. Principal Office Address 1023 SE 475H AVE Suite, Apt. #, etc. | 3. Mailing-Office Address 1023 5E 4TH Ave Suite, Apt. #, etc. | 4. Date Incorporated or Qualified | |
| City & State Gainesville, FL Zip Country | City & State Carnesville, FL Zip Country | To Do Business in Florida March - 22 - 1994 5. FEI Number Applied For Not Applicable | |
| 32601 U.S. 32601 U.S. CERTIFICATE OF STATUS DESIRED (6) 3875 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Name Fdww B. Dx | | | |
| Street Address (P.O. Box Number is N | | 500003500296 - 7 -12/13/0001097110 ****150.00 *****190.00 | |
| | FL 3Z606 ove named corporation, am familiar with and accept the | | |
| 9. Names and Street Addresses of Each Officer an | EGISTERED AGENT MUST SIGN d/or Director (Florida nonprofit corporations must list at I | at least 3 directors) | 744 : |
| Pres. Edwin B. Dix V.P. Phil Leither | Officer and/or Direct | TAVE Gainesville, FL 32100 | |
| V.P. Phil Leitner | 2206 NW 3rd | 3 12 Gaintesville, FL 32603 | |
| | | AD | |
| 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 filling 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: SIGNATURE AND TYPED OR P | RINTED NAME OF SIGNING OFFICER OR DIRECTOR | 12/3/00 (35Z) Z13-3349. Date Daytime Phone # | |

P99000032163

December 4, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Request for Re-Instatement fee of \$150.00

Dear Division of Corporation:

I'm forwarding this letter with the enclosed re-instatement form and a check for \$150.00. The cost of the annual fee.

I'm doing this at the instruction of one of your employees. Please accept this of sufficient for the re-instatement of our corporation. I did not receive an annual report form.

Our corporation actually only started-doing-business- Φ nOoctober, 20000. Ithopehthat you accept this request.and

If you have any questions, please forward to the following address:

Kuddly Kids Day Care Center, Inc. 4410 NW 31st Avenue Gainesville, FL 32601 (352) 213-3349

Sincerely,

Edwin B. Dix