PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

N99000000080

FILED
02 MAR 19 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N99000000080

1. Corporation Name
~~NEW NAME~~ United Daycare Foundation Corporation
~~AMERICANS FOR CHILD CARE: AN END TO POVERTY (A NOT FOR PROFIT CORPORATION).~~

2. Principal Office Address	**3.** Mailing Office Address
~~5777~~ 5557 W.OAKLAND PARK BLVD. LAUDERHILL, FL.	7531 S.W.28th SREET DAVIE, FL. 33314
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL, FL.	City & State: DAVIE, FL33314
Zip / Country: BROWARD	Zip: 33314 / Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 1-6-99

5. FEI Number: ☑ 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: MYRON LIEBERMAN

Street Address (P.O. Box Number is Not Acceptable): 7531 S.W.28th STREET

Suite, Apt. #, Etc.:

City: DAVIE | State: FL | Zip Code: 33314

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: Myron Lieberman — Date: 3-3-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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_M	MYRON LIEBERMAN	7531 S.W. 28th St ~~MYRON LIEBERMAN~~	DAVIE, FL. 33314
			100005134831--5 -02/15/02--01065--003 ****428.75 ****358.75

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: Myron Lieberman — 3-3-02 — 954-661-7897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #