

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 13 AM 8:00

DOCUMENT # PA98000030421
1. Corporation Name
ALL OUR CHILDREN DAY CARE, INC.

400041006044
09/13/04--01050--014 **1358.75

REINSTATEMENT 00-04

2. Principal Office Address
3710 Winchell Rd

3. Mailing Office Address
3710 WINCHELL RD.

Subs. Apt. #, etc.
SHAKER HTS OH

City & State
SHAKER HTS. Oh.

Zip Country
44122 USA

4. Date Incorporated or Qualified To Do Business in Florida
3/30/98

5. FEI Number
65-0835279

6. CERTIFICATE OF STATUS DESIRED

MRS

7. Name and Address of Current Registered Agent

Name
ALFRED L. FRITH

Street Address (P.O. Box Number is Not Acceptable)
~~201~~ 201 East Pine St., ~~Ste 1500~~ Ste 1500

Subs. Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.2505 or 617.0503, F.S.

Signature of Registered Agent
[Signature]

DATE
7-20-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
<u>D.P.</u>	<u>PATRICK J. COLLACKER</u>	<u>3710 Winchell Rd SHAKER HTS Oh 44122</u>	<u>SHAKER HTS Oh 44122</u>

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 taxes 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]

DATE: 8-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vertical stamp on the right edge of the form.