PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 28 PM 12:11

DOCUMENT # N94000003505

1. Corporation Name
Community Child Care Resources, Inc.

2. Principal Office Address	3. Mailing Office Address
1801 24th St	P.O. Box 3451
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach Fl	City & State: Vero Beach Fl
Zip: 329606 Country: USA	Zip: 32964 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 7-15-94

5. FEI Number: 65-0523165 — 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: Barbara Patten

400004744524--8
-12/31/01--01040--014
*****70.00 *****70.00

Street Address (P.O. Box Number is Not Acceptable): 1801 24th St

Suite, Apt. #, Etc.:

City: Vero Beach | State: FL | Zip Code: 329606

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: Barbara J. Patten — REGISTERED AGENT MUST SIGN — Date: 11/20/01

CR2E081 (9/00)

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
Pres	Kathryn Hill	~~2505 14th Ave~~ 1414 19th Pl	Vero Beach Fl 32960
VPD	Helen Murray	2720 Whippoorwill LN	Vero Beach Fl 32960
SD	Sue Bertollette	715 Tenth Court	Vero Beach Fl 32962

$9 12/28

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: [signature] Kathryn Hill — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/20/01 — Daytime Phone #: 567-1900