

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 648483

**FILED**  
**Oct 09, 2012**  
**Secretary of State**

**Entity Name:** DIMPLES DAY CARE CENTER, INC.

**Current Principal Place of Business:**

34 8TH STREET  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

34 8TH STREET  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 59-1959443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JAMES, JEANNIE A  
34 8TH STREET  
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JEANNIE A. JAMES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** JAMES, EDDIE D  
**Address:** 313 BOY SCOUT ROAD  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32435

**Title:** VP  
**Name:** JAMES, JEANNIE A  
**Address:** 313 BOY SCOUT RD  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** EDDIE D. JAMES

PRES

10/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date