

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 694000

**FILED**  
**Oct 12, 2012**  
**Secretary of State**

**Entity Name:** CHILDREN'S CENTER OF GAINESVILLE, INC.

**Current Principal Place of Business:**

C/O NORALYN C JONES  
5600 SW 34TH ST  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NORALYN C JONES  
P.O. BOX 140455  
GAINESVILLE, FL 326140455

**New Mailing Address:**

C/O NORALYN C JONES  
684 TURKEY CREEK  
ALACHUA, FL 32615

**FEI Number:** 59-2103908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JONES, NORALYN C  
5600 SW 34TH ST  
GAINESVILLE, FL 32608 US

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

JONES, NORALYN C  
684 TURKEY CREEK  
ALACHUA, FL 32615 US

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:** NORALYN C JONES

10/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** JONES, NORALYN C  
**Address:** 684 TURKEY CREEK  
**City-St-Zip:** ALACHUA, FL 32615

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:** NORALYN C JONES

DP

10/12/2012

Electronic Signature of Signing Officer or Director

Date