

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 702215

FILED
Dec 04, 2009
Secretary of State

Entity Name: SUSIE C. HOLLEY CRADLE NURSERY, INC.

Current Principal Place of Business:

1301 N W 6 COURT
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

4699 W. OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 59-0812613 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, CASANDRA
4699 W OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313 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: SHERL JOHNSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUNNAGE, LOUIS
Address: 450 NW 20 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: BULLARD, BLONEVA
Address: 2251 NW 28TH STREET
City-St-Zip: OAKLAND PARK, FL 33311

Title: TD () Delete
Name: LITTLE, LOUIS
Address: 2309 NW 8 STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VD () Delete
Name: COOK, DOROTHY
Address: 9430 NW 43 STREET
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: BAYLOR, ESTHER
Address: 517 NW 19 AVENUE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: ROBINSON, CASANDRA
Address: 4940 NW 88 LANE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERL JOHNSON

MRS.

12/04/2009

Electronic Signature of Signing Officer or Director

Date