

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 717683

FILED  
Nov 24, 2009  
Secretary of State

**Entity Name:** TINY TOT'S DAY NURSERY OF LAKELAND, FLORIDA, INC.

**Current Principal Place of Business:**

1715 MARTIN LUTHER KING JR. AVENUE  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

1715 MARTIN LUTHER KING JR. AVENUE  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:** 59-1083127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISHER, JANICE  
1444 MORGANWOOD DR.  
LAKELAND, FL 33801 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: JANICE FISHER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RUFFIN, JOHN  
Address: 1715 MARTIN LUTHER KING JR. AVENUE  
City-St-Zip: LAKELAND, FL 33805

Title: VP ( ) Delete  
Name: MOORE, DOROTHY  
Address: 1715 MARTIN LUTHER KING JR. AVENUE  
City-St-Zip: LAKELAND, FL 33805

Title: S ( ) Delete  
Name: TABRON, ALBERTHA  
Address: 1715 MARTIN LUTHER KING JR. AVENUE  
City-St-Zip: LAKELAND, FL 33805

Title: T ( ) Delete  
Name: HAWK, MILDRED  
Address: 1715 MARTIN LUTHER KING JR. AVENUE  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: PHYALL, ANNIE  
Address: 1715 MARTIN LUTHER KING JR. AVENUE  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: FISHER, JANICE  
Address: 1444 MORGANWOOD DR.  
City-St-Zip: LAKELAND, FL 33805

**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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: JANICE FISHER

D

11/24/2009

Electronic Signature of Signing Officer or Director

Date