

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 743227

**FILED**  
**Oct 21, 2004**  
**Secretary of State****Entity Name:** NORTH MIAMI EARLY CHILDHOOD SCHOOL AND DAY CARE CENTER, INC.**Current Principal Place of Business:**1200 N.E. 135TH. STREET  
NORTH MIAMI, FL 33161**New Principal Place of Business:****Current Mailing Address:**1200 N.E. 135TH. STREET  
NORTH MIAMI, FL 33161**New Mailing Address:****FEI Number:** 59-1896602      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**HELENE, CAROL  
431 NW 146TH STREET  
MIAMI, FL 33168      US**Name and Address of New Registered Agent:**ASTORGA, STEVEN  
1200 N.E. 135TH ST.  
NORTH MIAMI, FL 33161      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: STEPHEN ASTORGA

10/21/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P      ( ) Delete  
**Name:** HELENE, CAROL  
**Address:** 431 NW 146TH STREET  
**City-St-Zip:** MIAMI, FL 33168**Title:** V      ( ) Delete  
**Name:** GAMBREL, IVAN  
**Address:** 1435 NE 135 ST  
**City-St-Zip:** N MIAMI, FL 33161**Title:** D      ( ) Delete  
**Name:** MCRAVE, JOAN  
**Address:** 507 NE 4 ST., LOT E1  
**City-St-Zip:** HALLANDALE, FL 33009**Title:** D      ( ) Delete  
**Name:** CANALES, IGNACIO  
**Address:** 507 NE 4 ST., LOT E1  
**City-St-Zip:** HALLANDALE, FL 33009**Title:** D      ( ) Delete  
**Name:** BOYKIN, PATTY  
**Address:** 13512 NE 20TH COURT  
**City-St-Zip:** MIAMI, FL 33181**Title:** S      ( ) Delete  
**Name:** DUEMMLING, LARRY  
**Address:** 420 NW 146 ST  
**City-St-Zip:** MIAMI, FL 33168**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P      (X) Change ( ) Addition  
**Name:** ASTORGA, STEVEN  
**Address:** 5206 ARECA PALM CIRCLE  
**City-St-Zip:** TAMARAC, FL 33319 US**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** FELDMAN, JUDY  
**Address:** 13085 ORTEGA LANE  
**City-St-Zip:** NORTH MIAMI, FL 33181**Title:** D      (X) Change ( ) Addition  
**Name:** REMALY, JOHN  
**Address:** 13120 SW 19 DR.  
**City-St-Zip:** MIRAMAR, FL 33027**Title:** D      (X) Change ( ) Addition  
**Name:** BOYKIN, PATTY  
**Address:** 13095 EMERALD DR. # 2  
**City-St-Zip:** MIAMI, FL 33181**Title:** D      (X) Change ( ) Addition  
**Name:** DUEMMLING, LARRY  
**Address:** 420 NW 146 ST  
**City-St-Zip:** MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN H. REMALY

D

10/21/2004

Electronic Signature of Signing Officer or Director

Date