

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96000002082

**FILED**  
**Oct 24, 2012**  
**Secretary of State**

**Entity Name:** CHILD CARE ASSOCIATES INC.

**Current Principal Place of Business:**

C/O CLARE M. PARE, ESQUIRE  
208 BEACH 124TH ST SUITE 8  
BELLE HARBOR, NY 11694

**New Principal Place of Business:**

660 WHITE PLAINS ROAD  
SUITE 125  
TARRYTOWN, NY 10591

**Current Mailing Address:**

C/O CLARE M. PARE, ESQUIRE  
208 BEACH 124TH ST SUITE 8  
BELLE HARBOR, NY 11694

**New Mailing Address:**

660 WHITE PLAINS ROAD  
SUITE 125  
TARRYTOWN, NY 10591

**FEI Number:** 22-3496501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

ROSS, ANTHONY  
4451 GULF SHORE ROAD, NORTH #1903  
NAPLES, FL 34103 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: ANTHONY ROSS

10/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ROSS, ANTHONY  
Address: 42 POCANTICO RIVER ROAD  
City-St-Zip: PLEASANTVILLE, NY 10570

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: ANTHONY ROSS

PRES

10/24/2012

Electronic Signature of Signing Officer or Director

Date