



2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|--|---|---|--|---|--|
| DOCUMENT # H01029 1. Entity Name TLC PRESCHOOL & DAYCARE INC. | | | |  | | FILED 07 OCT 17 PM 12:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 21360 LAKE FLOYD DRIVE LAND O'LAKES, FL 34639 | | | Mailing Address P O BOX 1502 LAKE O'LAKES, FL 34639 US | | |  REINSTATEMENT (1/07) 07 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 59-2398856 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| PECKETT, CATHY S. 21360 LAKE FLOYD DRIVE LAND O'LAKES, FL 34639 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PECKETT, CATHY 6504 WISTERIA LP LAND O LAKES, FL 34639 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> 000110905370 10/17/07--01058--012 **150.00 </div> | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PECKETT, IRVIN 27 LADOGA AVENUE TAMPA, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="font-size: 2em; font-family: cursive;"> \$710/19 </div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>Cathy S. Peckett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 10/11/07 813/949-2237 <small>Date Daytime Phone #</small> | | | |