PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 FEB 28 AM 10:25

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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02/28/18--01021--001 **238.75

DOCUMENT # L17000114566

1. Limited Liability Company's Name
day Children LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
720 se. 1st	720 se 1st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33010 Country:	Zip: 33010 Country:

4. State/Country of Formation: Florida (Miami Dade)

5. Date Organized or Qualified To Do Business in Florida: 5/20/2017

6. FEI Number: 82-1664285 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Daimara Barbara Alfonso Mato

Street Address (P.O. Box Number is Not Acceptable) Suite,: 720 se 1st

Apt. #, Etc.:

City: Miami FL | State: FL | Zip Code: 33010

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 2-26-18

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	Daimara B. Alfonso Mato	720 SE 1st	Miami, FL 33010

11. E-mail Address: Day-Cuba family@yahoo.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 2-26-18 Daytime Phone #: 7866098929

Typed or printed name of signing authorized representative/member:

I spoke with Daimara Alfonso on 3/1/18 to verify RA.

K. ASHTON