



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # L47227</b> 1. Entity Name <b>FLORIDA CHILD CARE CENTERS, INC.</b>						FILED 05 NOV -1 PM 12: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business <b>116 N. BUMBY AVE ORLANDO, FL 32803</b>		Mailing Address <b>116 N. BUMBY AVE ORLANDO, FL 32803</b>							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number <b>59-2984513</b>		Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		Zip		Country			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10112005		REIN-P			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>RODRIGUEZ, MARIA E</b> <b>14573 GRASSY COVE CIR</b> <b>ORLANDO, FL 32824</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b> 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 <u><i>Maria E. Rodriguez</i></u> <b>MARIA E. RODRIGUEZ</b> <u>10/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				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	PT RODRIGUEZ, MARIA E 14573 GRASSY COVE CIRCLE ORLANDO, FL 32824	<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	PS RODRIGUEZ, RACHEL 14573 GRASSY COVE CIRCLE ORLANDO, FL 32824	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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	<i>DR 1/2</i>	<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				
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 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 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: <u><i>Rachel Rodriguez</i></u> <b>RACHEL RODRIGUEZ</b> <u>10/12/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									