2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMEN 1 # L4/22/								FILED	`
1. Entity Name FLORIDA CHILD CARE CENTERS, INC.									
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D		(*		No we in	⊣		SHIDET	4 334 pm	· 20
Principal Place		Mailing Address			ļ	Ĭ	ALLAN	ARY OF ISSEE, F	STATE
ORLANDO, F		116 N. BUMBY AVE Orlando, Fl. 32803				•	COEF F(1)*	ioott, F	LORIDA
•					E (MAININ ME)	dikir india likik kati k	ANT MINISTER WITH MIT	en alan dian dia	
Principal Place of Business Mailing Address									
						3160 (3840 (3816 (381 t	IN SINII DINK DI)	ALMAN IN IMAN
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10112005	REIN-P	CR2E	(6/04)	
City & State		City & State			4. FEI Numbe	, r		ΙΔι	oplied For
				59-2984			<u> </u>	ot Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	**	\$8.75 Add	
	6. Name and Address of Current R	Registered Agent	<u> </u>		7 Name and	Address of New	Registered	Fee Require	d .
	The state of the s	iogramico Agent		Name	- Traine and	Addition of right			
RODRIGUEZ, MARIA E					itreet Address (P.O. Box Number is Not Acceptable)				
14573 GRASSY COVE CIR ORLANDO, FL 32824				Street Address (1.0. Dox Number is Not Acceptable)					
-									
			999	City			FL	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regis	stered agent, or bot	h, in the State of F		- 1	and accept
the obligat	tions of registered agent.	χ_{2}	*	,			. 1	,	·
SIGNATURE.	- 11 (grant 2	Value		MARIA E	Roppie	VGZ	10/1	2/05	
·	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	C. regiser	en witern situation in	quired when reinstating)		DATE		
Fil	LE NOW!!! FEE IS \$150.00		4. 3%. 3. 3%.	·Ļ		In accordance	with s 607	193(2)(b)	FS the
After Jar	nuary 1, 2006, Fee will be \$300.00)				corporation die	not receiv	e the prior i	notice.
10.	OFFICERS AND D	I DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	SIN 11
TITLE	PT	☐ Delete	TITL	E	···				
NAME	RODRIGUEZ, MARIA E	•	NAM	-	115	IDDOOR.	1		
STREET ADDRESS CITY-ST-ZIP	14573 GRASSY COVE CIRCLE ORLANDO, FL 32824			ET ADDRESS -ST-ZIP	1176	/1/05010	$F_1 - c_{ic}$	730	
TITLE	PS	☐ Defete	m			00006 01/05010	UH	Change ^{(C}	* IT L'Addition
NAME '	RODRIGUEZ, RACHEL		NAM	E					
STREET ADDRESS CITY-ST-ZIP	14573 GRASSY COVE CIRCLE			ET ADDRESS					
TITLE	ORLANDO, FL 32824			-ST-ZIP					
NAME	·	Delete	TITE	ł i		•		Cnange	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		············· <u>·</u>	-	-ST-ZIP					····
TITLE Name		☐ Delete	TITL	1				Change	Addition
STREET ADDRESS	1 AB WA			ET ADDRESS					
CITY-ST-ZIP	1 (1,001)		City	-ST-ZIP					
TITLE		☐ Delete	TREL					Change	☐ Addition
NAME Street address			NAM	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP				4	
MIE		☐ Delete	THTL	E				☐ Change	Addition
NAME	2.4.1 y		· NAM	-				-	•
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
	Learning that the information supplied with t	this filing does not qualify fo			Section 119.07(3)(i), Florida Statutes	. I further cer	tify that the in	nformation
ındıcated	on this report or supplemental report is to poration or the receiver or trustee empoy	true and accurate and that r	mv siana	ture shali have th	ne same legal effect	t as it made under	r oath: that I a	am an officer	or director
changed	or on an attachment with an address, w	ith all other like empowered	l.	,	.,		/		
SIGNAT	URE:	DIL DA	اعله	RODRIG	UEZ	10/12	105		
	SIGNATURE AND TYPED OFF PO	MITED NAME OF SIGNING OFFICER	OR DIREC	rda		Date	/	Sytime Phone #	
									