

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000003378 1. Entity Name CECILE DAY CARE & FAMILY DEVELOPMENT FOUNDATION, INC.		
Principal Place of Business 183 N.E. 57TH STREET MIAMI, FL 33137		Mailing Address 183 N.E. 57TH STREET MIAMI, FL 33137
2. Principal Place of Business - No P.O. Box # 183 NE 57th St Suite, Apt. #, etc.	3. Mailing Address 183 NE 57th St Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33137 Country USA	City & State MIAMI, FL Zip 33137 Country USA	
4. FEI Number 65-1012119		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALCINDOR, PIERRE M 871 NE 195TH STREET SUITE 401 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City 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 <i>Cecile Lauriston</i> 8/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D NAME ALCINDOR, PIERRE M STREET ADDRESS 871 N.E. 195TH ST., #401 CITY-ST-ZIP MIAMI, FL 33179	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 000108724230 08/28/07--01056--001 *T31.25 </div>
TITLE D NAME LAURISTON, MICHEL S STREET ADDRESS 460 N.W. 89TH STREET CITY-ST-ZIP MIAMI, FL 33150	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LAURISTON, JEAN S STREET ADDRESS 460 N.W. 89TH STREET CITY-ST-ZIP MIAMI, FL 33150	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<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 617, 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>Pierre M. Alcindor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/21/07 Daytime Phone #

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07