


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000003067</b> 1. Entity Name LIL-ONES WORLD DAY CARE CENTER, INC.					
Principal Place of Business 1735 SE HAWTHORNE RD GAINESVILLE, FL 32641				Mailing Address 1735 SE HAWTHORNE RD GAINESVILLE, FL 32641	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  FRANKLIN, CLEVELAND S SR 2008 ORCHARD PARK DRIVE OCOEE, FL 34761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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 \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANKLIN, CLEVELAND S SR 2008 ORCHARD PARK DRIVE OCOEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>600081026466</b>  <b>10/19/06--01037--006 **\$1.25</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANKLIN, BETTY R PO BOX 744 HAWTHORNE, FL 32640		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FRANKLIN, MAYONIA D 1735 SE HAWTHORNE RD GAINESVILLE, FL 32641		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKLIN, MAYONIA D 1735 HAWTHORNE RD HAWTHORNE, FL 32641		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCOLLOUGH, PAT M P.O. BOX 237 HAWTHORNE, FL 32641		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
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.					
<b>SIGNATURE:</b> <u>Mayonia D. Franklin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>10/16/06</u> <small>Date Daytime Phone #</small>		

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REINSTATEMENT 1/05 06

@. Mitchell OCT 19 2006