2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000003067

FILED Feb 21, 2008 Secretary of State

Entity Name: LIL-ONES WORLD DAY CARE CENTER, INC.

Current Principal Place of Business:

New Principal Place of Business:

1735 SE HAWTHORNE RD

GAINESVILLE, FL 32641

Current Mailing Address: New Mailing Address:

1735 SE HAWTHORNE RD GAINESVILLE, FL 32641

FEI Number: 59-3673297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRANKLIN, CLEVELAND S SR
2008 ORCHARD PARK DRIVE

FRANKLIN, CLEVELAND S SR
1735 SE HAWTHORNE RD

2008 ORCHARD PARK DRIVE 1735 SE HAWTHORNE RD GAINESVILLE, FL 32641 US

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.

SIGNATURE: CLEVELAND S. FRANKLIN, SR. 02/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:FRANKLIN, CLEVELAND S SRName:FRANKLIN, CLEVELAND S SRAddress:2008 ORCHARD PARK DRIVEAddress:PO BOX 744

City-St-Zip: OCOEE, FL 34761 City-St-Zip: HAWTHORNE, FL 32640

Title: VP () Delete Title: () Change () Addition

 Name:
 FRANKLIN, BETTY R
 Name:

 Address:
 PO BOX 744
 Address:

 City-St-Zip:
 HAWTHORNE, FL 32640
 City-St-Zip:

Title: CEO () Delete Title: () Change () Addition

 Name:
 FRANKLIN, MAYONIA D
 Name:

 Address:
 1735 SE HAWTHORNE RD
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32641
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 FRANKLIN, MAYONIA D
 Name:

 Address:
 1735 HAWTHORNE RD
 Address:

 City-St-Zip:
 HAWTHORNE, FL 32641
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 MCCOLLOUGH, PAT M
 Name:

 Address:
 P.O. BOX 237
 Address:

 City-St-Zip:
 HAWTHORNE, FL 32641
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEVLAND S. FRANKLIN, SR. P 02/21/2008