


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000004655 1. Entity Name ESTORIA'S ADULT DAY CARE CENTER, INC.	
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Principal Place of Business 1337 WEST 23RD ST JACKSONVILLE, FL 32209	Mailing Address 1157 ROMAINE CIR W JACKSONVILLE, FL 32225
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
05 NOV 30 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11142005 REIN-NP CR2E099 (6/04)

4. FEI Number 60-0001756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, CHARLIE M 1157 ROMAINE CIR. W. JACKSONVILLE, FL 32225	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, CHARLIE M 1157 ROMAINE CIR. W. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900061783689 11/30/05--01028--001 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, MILTON B 1157 ROMAINE CIR. W. JACKSONVILLE, FL 32225 <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	T WILLIAMS, ODESSA S 2947 RIBAUT CIR JACKSONVILLE, FL 32208 <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	S HOWARD, AILENE DR 5816 LUSAID DR JACKSONVILLE, FL 32209 <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 JRM/30
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 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: Charlie M Jones 11 2205/9/04/2245832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #