2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004839

FILED Sep 19, 2007 Secretary of State

Entity Name: BRIGHT HORIZONS OF CENTRAL FLORIDA, INC. **New Principal Place of Business: Current Principal Place of Business:** 1111 E LAKEVIEW CIR ALTAMONTE SPRINGS, FL 32714 **Current Mailing Address: New Mailing Address:** 1111 E LAKEVIEW CIR ALTAMONTE SPRINGS, FL 32714 FEI Number: 56-2372170 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: VAZ-ANTROBUS, KURT E VAZ-ANTROBUS, KURT E 2612 COLLEGE KNIGHT CT. 1106 CHATEAU CIRCLE MINNEOLA, FL 34715 ORLANDO, FL 32826 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: KURT VAZ-ANTROBUS 09/19/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VAZ-POWELL, PANY M Name: Name: 4507 LAKE JASON CT. Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: POWELL, ANDREW Name: Address: 4507 LAKE JASON CT. Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: DST () Delete Title: DST (X) Change () Addition VAZ-AMTROBÚS, KURT Name: VAZ-AMTROBUS, KURT Name: 2612 COLLEGE KNIGHT CT. 2D 1106 CHATEAU CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: MINNEOLA, FL 34715

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: KURT VAZ-ANTROBUS DST 09/19/2007