

DOCUMENT # N03000007065

1. Entity Name

HEIR DAYCARE INCORPORATED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 13 PM 4:29

REINSTATEMENT 06

Principal Place of Business
2100 DUNN AVENUE
JACKSONVILLE, FL 32218

Mailing Address
2100 DUNN AVENUE
JACKSONVILLE, FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12072006 REIN-NP

CR2E099 (11/05)

City & State

City & State

4. FEI Number

01-0797992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DAVID
2100 DUNN AVE
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$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

TITLE P
NAME THOMAS, DAVID M ☐ Delete
STREET ADDRESS 3938 MURLFIELD BLVD E.
CITY- ST- ZIP JACKSONVILLE, FL 32225

TITLE T
NAME COLBERT, DAMIKA ☐ Delete
STREET ADDRESS 870 ASHTON COVE TERRACE
CITY- ST- ZIP JACONVILLE, FL 32218

TITLE S
NAME NIEDA, THOMAS ☐ Delete
STREET ADDRESS 11511 LAGUNA CRT
CITY- ST- ZIP JACKSONVILLE, FL 32218

TITLE D
NAME HAMMET, HARVEY ☐ Delete
STREET ADDRESS 2100 DUNN AVENUE
CITY- ST- ZIP JACKSONVILLE, FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100082522061
STREET ADDRESS 12/13/06--01049--001 **\$61.25
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #