## DOCUMENT # N03000007065

1. Entity Name
HEIR DAYCARE INCORPORATED



Principal Place of Business 2100 DUNN AVENUE Mailing Address
2100 DUNN AVENUE
IACKSONVILLE FL 32218



## 06 DEC 13 PM 4: 29 REINSTATEMENT 06

JACKSONVILLE, FL 32218 JA				JACKSONVILLE, FL 32218										
2. Principal Place of Business 3.				3. Mailing Address					\$8  13  12   12					0)
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Zip Country			Zip	Zip Cou			intry 5. Certificat			esired		\$8.75 Fee Rec	Addit	
	6. Name	and Address of Current	Registere	ed Agent				7. Name and	d Address o	f New R	egistere		ullec	
THOMAS						Name								
THOMAS, DAVID 2100 DUNN AVE JACKSONVILLE, FL 32218						Street Address (P.O. Box Number is Not Acceptable)								
JACKSON	IVILLE, FL	. 32210					***************************************							
						City		<del>,</del>			F	L Zip	Code	
		ty submits this statement for	or the purp	ose of changing its	registere	ed office or r	registered	agent, or bo	oth, in the St	ate of Flo	orida La	m familiar v	vith, a	nd accept
ine obligat	tions of regist	tered agent												
SIGNATURE														
		d or printed name of registered agent	fand!!e!app	) cable (NOTE	E. Register	ed Agent signatu	ture required	when reinstating	)		DATE			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50				In accordance with s. 607.1 corporation did not receive		s 607 193	3/2\/h\ E	C the		м	ako cho	-l	1- 4-	
After Jai	nuary 1, 20	107, Fee will be \$122.	50									ck payab artment c		te
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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 signal stall 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 empowers on 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, will all other like empoyered.

CITY ST ZIP

SIGNATURE:

CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #