

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -1 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000324

1. Entity Name
VOLCY'S CHILDCARE INC.



Principal Place of Business
1211 CITY PARK AVENUE
ORLANDO, FL 32808

Mailing Address
1211 CITY PARK AVENUE
ORLANDO, FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006 REIN-NP

CR2E099 (11/05)

4. FEI Number

88-0519297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLCY, JACQUELINE
1211 CITY PARK AVENUE
ORLANDO, FL 32808

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 (applicable).

(NOTE: Registered Agent signature required when reinstating)

x 3/23/06

DATE

FILE NOW!!! FEE IS \$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 ☐ Delete
NAME VOLCY, JACQUELINE
STREET ADDRESS 1211 CITY PARK AVENUE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE V ☐ Delete
NAME PALMER, MARTHA
STREET ADDRESS 2014 FIESTA COURT
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ST ☐ Delete
NAME SMITH, LATONYA
STREET ADDRESS 5415 OLD OAK TREE DRIVE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP
200090818692
10/13/06--01011--017 **236.25

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

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

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

x 3/23/06

Date

x 407.358-4590

Daytime Phone #