


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000000939	
1. Entity Name TRINITY SOLUTIONS CHILD CARE INC.	

Principal Place of Business 1729 NE 8TH AVE - C-8 GAINESVILLE, FL 32641	Mailing Address 1729 NE 8TH AVE - C-8 GAINESVILLE, FL 32641
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2. Principal Place of Business - No P.O. Box # 4006 NE 1ST DRIVE	3. Mailing Address 4006 NE 1ST DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State GAINESVILLE FL	City & State GAINESVILLE FL
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Zip 32609	Country USA	Zip 32609	Country USA
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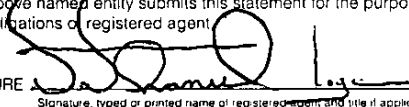
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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LOGAN, NATHANIEL S 1729 NE 8TH AVE - C-8 GAINESVILLE, FL 32641
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Name LOGAN, NATHANIEL S
Street Address (P.O. Box Number is Not Acceptable) 4006 NE 1ST DRIVE
City GAINESVILLE

FL	Zip Code 32609
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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 	DATE 3-31-07
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANKLIN, TEKYL A 1729 NE 8TH AVE - C-8 GAINESVILLE, FL 32641 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOGAN, VERONICA C 7723 SW 13TH RD GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOGAN, NATHANIEL S 1729 NE 8TH AVE - C-8 GAINESVILLE, FL 32641 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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FILED

07 APR 3 AM 8:15

CLERK OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



03212007 REIN-NP CR2E099 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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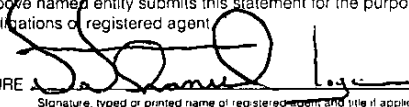
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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Name LOGAN, NATHANIEL S
Street Address (P.O. Box Number is Not Acceptable) 4006 NE 1ST DRIVE
City GAINESVILLE

FL	Zip Code 32609
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOGAN, SHERRIENA B 4006 NE 1ST DRIVE GAINESVILLE - FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	300096446983 04/11/07--01022--001 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOGAN, NATHANIEL S 4006 NE 1ST DRIVE GAINESVILLE FL 32609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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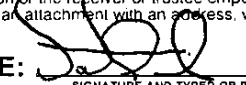
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: 	DATE 3-31-07
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

204/4