

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # N06000002830 1. Entity Name KIDS VOICE CHILD CARE CENTER INC		
Principal Place of Business 14617 ROYAL PINES COURT CLERMONT, FL 34711		Mailing Address 14617 ROYAL PINES COURT CLERMONT, FL 34711
2. Principal Place of Business - No P.O. Box # 662 East Hwy 50 Suite, Apt. #, etc. 7A City & State CLERMONT FL Zip 34711	3. Mailing Address 662 East Hwy 50 Suite, Apt. #, etc. 7A City & State CLERMONT FL Zip 34711	FILED 08 JAN 25 PM 1:48 SECRETARY OF STATE 05/03/07 90044009 6/25 REINSTATE 12/13/07 27-08
4. FEI Number 36-452476		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JONES, FITZPATRICK K 14617 ROYAL PINES COURT CLERMONT, FL 34711		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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: <u><i>Fitzpatrick Jones</i></u> DATE: <u>12/13/07</u> Signature: typed or printed name of registered agent and title if applicable. *NOTE: Registered Agent signature requires 8 weeks relinquishing		
FILE NOW!! FEB IS \$91.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE Director NAME MCNALLY, RAYMONDE P STREET ADDRESS 14617 ROYAL PINES COURT CITY-ST-ZIP CLERMONT, FL 34711	☐ Delete	☐ Change ☒ Addition TITLE Officer NAME JONES, FITZPATRICK STREET ADDRESS 14617 Royal Pines Ct CITY-ST-ZIP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition 02/01/08--01005--001--**122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition 02/01/08--01005--001--**122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition 800116634188 02/01/08--01005--001--**122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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: <u><i>Raymonde P McNally</i></u> DATE: <u>12/13/07</u>		352-459-1330

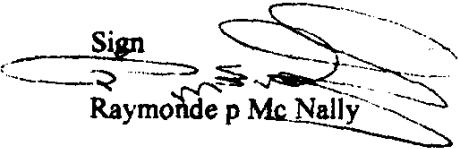
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12/13/07

Kids Voice Child Care Center
14617 royal pines court
Clermont fl 34711
352-396-9470

To secretary of state, this is Raymonde p Mc Nally from kids voice childcare center,
Our address have changed, our new address is 662-east hwy 50, Clermont Florida 34711.
Concerning the letter that was sent to my old address I did not receive it. My
Ein # is 36-4521476 please update this information in your system for me.

Sign


Raymonde p Mc Nally