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2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
08 JAN 25 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/03/07 ... 9044 ... 09 6/25

REINSTATEMENT
12/13/2007 REIN-NP F CR2E099 (1/07) 07-08

DOCUMENT # N06000002830

1. Entity Name
KIDS VOICE CHILD CARE CENTER INC

Principal Place of Business	Mailing Address
14617 ROYAL PINES COURT CLERMONT, FL 34711	14617 ROYAL PINES COURT CLERMONT, FL 34711

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
662 East Hwy 50		662 East Hwy 50	
Suite, Apt. #, etc.: 7A		Suite, Apt. #, etc.: 7A	
City & State: Clermont FL		City & State: Clermont FL	
Zip: 34711	Country: U.S.A	Zip: 34711	Country: U.S.A

4. FEI Number: 36-4524476 ☐ Applied For ☐ Not Applicable

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 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: Fitzpatrick Jones 12/13/07
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, 2008, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MCNALLY, RAYMONDE P 14617 ROYAL PINES COURT CLERMONT, FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Jones Fitz Patrick 14617 Royal Pines Ct	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~02/01/08--01005--001 **122.50~~	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~02/01/08--01005--001 **122.50~~	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800116634188 02/01/08--01005--001 **122.50	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M 1/28	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Raymonde P McNally 12/13/07 352-459-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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