

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 10 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10092008 REIN-NP CR2E099 (1/07)

DOCUMENT # N07000009449			
1. Entity Name MATRONA EARLY LEARNING SERVICES, INC.			
Principal Place of Business 9464 SW 105TH ST. OCALA, FL 34481		Mailing Address 9464 SW 105TH ST. OCALA, FL 34481	
2. Principal Place of Business - No P.O. Box # 9468 S.W. 105TH ST Suite, Apt. #, etc.		3. Mailing Address 9468 S.W. 105TH ST Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34481		Country USA	
4. FEI Number 75-3254570		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOMFIELD, GLADSTON A. II 13850 S. MAGNOLIA AVE. OCALA, FL 34472		7. Name and Address of New Registered Agent Name Gladston A. Bloomfield, II Street Address (P.O. Box Number is Not Acceptable) 9468 S.W. 105TH ST City Ocala FL Zip Code 34481	
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 Gladston A. Bloomfield II 10/9/08 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, 2009, 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	PTD BLOOMFIELD, GLADSTON A. II 13850 S. MAGNOLIA AVE. OCALA, FL 34472 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAK BLOOMFIELD, Gladston A. II <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13850 S. Magnolia Ave., Ocala, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BLOOMFIELD, PAULETTE J. <input checked="" type="checkbox"/> Delete 9010 SW 103 PL OCALA, FL 34481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CHOUT, Claudette <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2407 NW 138TH DR SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMFIELD, VICTORIA E. <input checked="" type="checkbox"/> Delete 9010 SW 103 PL OCALA, FL 34481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMFIELD, Trevor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2407 NW 138TH DR SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELIAN, FRANCESKA P. <input checked="" type="checkbox"/> Delete 9010 SW 103 PL OCALA, FL 34481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400136820304 10/10/08--01041--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Gladston A. Bloomfield II 10/9/08 (352) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		245-1562 Date Daytime Phone #	

10/10