


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N35048		
1. Entity Name MIAMI BEACH METHODIST CHILD CARE CENTER, INC.		

FILED

07 OCT 23 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042007 REIN:NP CR2E099(1/07)

REINSTATEMENT

Principal Place of Business C/O REVEREND DR. L. ANNETTE JONES 4760 PINE TREE DRIVE MIAMI BEACH, FL 33140	Mailing Address C/O REVEREND DR. L. ANNETTE JONES 4760 PINE TREE DRIVE MIAMI BEACH, FL 33140
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2. Principal Place of Business - No P.O. Box # 4760 Pinetree Dr.		3. Mailing Address 4760 Pinetree Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140	Country Dade	Zip 33140	Country Dade

4. FEI Number 59-0191512	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, REV. ANNETTE L DR 4760 PINETREE DR MIAMI BEACH, FL 33140	
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7. Name and Address of New Registered Agent Name Reverend Melissa Pisco Street Address (P.O. Box Number is Not Acceptable) 4760 Pine Tree Drive City Miami Beach FL Zip Code 33140	
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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 <u>Rev. Melissa A. L. (Rev. Melissa A. Pisco)</u>	DATE <u>10/5/07</u>
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JONES, L. ANNETT REV DR, 4750 PINE TREE DRIVE MIAMI BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, DEENA 445 SOUTH SHORE DR MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN LEER, LINDA 3447 SHERIDAN AVE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWIS, TERRY 3001 PINE TREE DR MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATTABRIGA, LAURA 7430 CTR BAY DR MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARFIELD, BRETT 701 BRICKELL AVE, SUITE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PISCO, Melissa Rev. 4760 PINE TREE DR. MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arieman, JB 5824 ALTON RD. MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arieman, Arthur 505 Fairway Dr. MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500111238795 10/23/07--01057--016 **70.00

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>Rev. Melissa A. L.</u>	Date <u>OCT. 5, 2007</u>	Daytime Phone # <u>305-531-7166</u>
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