2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000003082

Entity Name: MIAMI ARTCC CHILD CARE, INC.

FILED Oct 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7500 N.W. 58TH STREET MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

7500 N.W. 58TH STREET MIAMI, FL 33166

FEI Number: 65-0527291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LESSOR, PAMELA
 LESSOR, PAMELA P

 7500 NW 58TH ST
 7500 NW 58TH ST

 MIAMI, FL 33166
 US

 MIAMI, FL 33166
 US

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.

SIGNATURE: PAMELA LESSOR 10/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: DELGADO, MARTHA V
Address: 7500 NM 50TH ST

 Name:
 DEEGABO, MARTHA

 Address:
 7500 NW 58TH ST

 City-St-Zip:
 MIAMI, FL 33166

 City-St-Zip:
 MIAMI, FL 33166

Title: D () Delete Title: D (X) Change () Addition Name: BOSTICK, KIMBERLY Name: LINDHOLM, ERIC D

 Name:
 BOSTICK, RIMBERET
 Name:
 Entrolled (Charles), ENCE

 Address:
 7500 NW 58 ST
 Address:
 7500 NW 58 ST

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 BROOM, MICHELLE
 Name:
 BLYTHE, AMBER T

 Address:
 7500 NW 58 ST
 Address:
 7500 NW 58 ST

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA DELGADO V 10/10/2006