

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 28 PM 12:11																												
DOCUMENT # N94000003505																														
1. Corporation Name Community Child Care Resources, Inc.																														
2. Principal Office Address 1801 24th ST Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box 3451 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 7-15-94 5. FEI Number 65-0523105 Applied For Not Applicable																												
City & State Vero Beach FL Zip 32906 Country USA	City & State Vero Beach FL Zip 32904 Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status																												
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name Barbara Patten</td> <td style="width: 40%;">400004744524-8</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable) 1801 24th ST</td> <td>-12/31/01--01040-014</td> </tr> <tr> <td>Suite, Apt. #, Etc.</td> <td>*****70.00 *****70.00</td> </tr> <tr> <td>City Vero Beach</td> <td>State FL Zip Code 32906</td> </tr> </table>			Name Barbara Patten	400004744524-8	Street Address (P.O. Box Number is Not Acceptable) 1801 24th ST	-12/31/01--01040-014	Suite, Apt. #, Etc.	*****70.00 *****70.00	City Vero Beach	State FL Zip Code 32906																				
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. <table style="width: 100%;"> <tr> <td style="width: 60%;">Signature of Registered Agent <i>Barbara Patten</i></td> <td style="width: 40%;">Date 11/20/01</td> </tr> </table> REGISTERED AGENT MUST SIGN			Signature of Registered Agent <i>Barbara Patten</i>	Date 11/20/01																										
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Kathryn Hill</td> <td>1440 1st St 2205 14th Ave</td> <td>Vero Beach FL 32906</td> </tr> <tr> <td>VPS</td> <td>Helen Murray</td> <td>2720 Whipcorwillan</td> <td>Vero Beach FL 32906</td> </tr> <tr> <td>SD</td> <td>Sue Bertollette</td> <td>715 Tenth Court</td> <td>Vero Beach FL 32902</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> \$9/12/28			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres	Kathryn Hill	1440 1st St 2205 14th Ave	Vero Beach FL 32906	VPS	Helen Murray	2720 Whipcorwillan	Vero Beach FL 32906	SD	Sue Bertollette	715 Tenth Court	Vero Beach FL 32902												
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <table style="width: 100%;"> <tr> <td style="width: 40%;">SIGNATURE: <i>Kathryn Hill</i></td> <td style="width: 20%;">Date: 11/20/01</td> <td style="width: 40%;">Daytime Phone #: 567-1900</td> </tr> </table> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SIGNATURE: <i>Kathryn Hill</i>	Date: 11/20/01	Daytime Phone #: 567-1900																									
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