2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							Cent C
DOCUMENT # P0000004895					FILLION SECRETARION SECRETARIO		
EDUĆATIONAL CHILD CARE CENTER, INC.					08 NOV -3 AM 9: 37		
Principal Place of Business Mailing Address					יטוו סט	יינוא ניין ז	\mathcal{V}_{c}
P.O. BOX 40						(2,1)	
GAINESVILLE, FL 32602 GAINESVILLE, FL 32602							<i>)</i>
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2. Principal Place of Business, No P.O. Box # 3. Mailing Address						<u> </u>	
Suite, Apt. #, etc Suite, Apt. #, etc.			~	-	10272008 REIN-P	CR2E098 (1/	07)
CAL DO	Esville Fl	City & State	& State		4. FEI Number 59-3622655		Applied For Not Applicable
326	09 Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Fee Red	Additional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New F	Registered Agent	
VINSON, JOYCE				lame			
				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 accepted obligations of registered agent.							with, and accept
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
FILE NOW!!! FEE IS \$750.00							
	nuary 1; 2009, Fee will be \$900.0			-	<u></u>	. _	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11
TITLE	PVST	☐ Delete	TITLE		1001975	Char	nge 🔲 Addition
NAME CERSET APPRESS	VINSON, JOYCE		NAME		1001375 11/03/0801075-	·⊡∠36 **200	סכ
STREET ADDRESS CITY-ST-ZIP	1215 NE 18TH AVE GAINESVILLE, FL 32609		STREET ADDR	iess	220.0	იიი ფალერ)- 13
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12. I hereby d	actifu that the information runolind with t	hia filina daga nat awalibu far t			n Chantas 110. Elocida Cintuton, 14	Constant and the state of	

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 1.19, 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 607, 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: GOVE VILLE JOYCE VINSON, President 352-264-988