

2008 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|---|--|
| DOCUMENT # P00000004895 | |
| 1. Entity Name EDUCATIONAL CHILD CARE CENTER, INC. | |



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -3 AM 9:37
Copy

| | |
|--|--|
| Principal Place of Business P.O. BOX 405 GAINESVILLE, FL 32602 | Mailing Address P.O. BOX 405 GAINESVILLE, FL 32602 |
|--|--|

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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # 1215 NE 18th Ave | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------------------------|--------------|
| City & State Gainesville FL | City & State |
| Country 32609 | Country |



| | | |
|--|--------------------------------|----------------|
| 10272008 | REIN-P | CR2E098 (1/07) |
| 4. FEI Number 59-3622655 | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| VINSON, JOYCE 1215 NE 18TH AVE GAINESVILLE, FL 32609 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| 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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|--|
| FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00 | |
|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST VINSON, JOYCE 1215 NE 18TH AVE GAINESVILLE, FL 32609 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100137582961 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/03/08--01075--006 **208.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10/28/08 01028 422 55400 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | B 11/5/08 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 08 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: Joyce Vinson Joyce Vinson, President 352-264-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR