

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000031972

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** SMILING FACES CENTER FOR CHILDREN, INC.

**Current Principal Place of Business:**

2118 15 AVE EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

2118 15 AVE EAST  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 65-0996135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURRELL, LESHIA A OWNER  
2118 15 AVE EAST  
BRADENTON, FL 34208 US

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

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:** LESHIA MURRELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MURRELL, LESHIA A OWNER  
**Address:** 3407 30TH LANE E  
**City-St-Zip:** BRADENTON, FL 34208

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LESHIA MURRELL

OWNE

10/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date