

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000025363

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: UNIVERSITY OF NARCOOSSEE CHILD CARE CENTER, INC.

## Current Principal Place of Business:

250 NO. ORANGE AVE.  
STE. 1000  
ORLANDO, FL 32802

## New Principal Place of Business:

865 N NARCOOSSEE RD  
ST CLOUD, FL 34771

## Current Mailing Address:

250 NO. ORANGE AVE.  
STE. 1000  
ORLANDO, FL 32802

## New Mailing Address:

865 N NARCOOSSEE RD  
ST CLOUD, FL 34771

FEI Number: 59-3705416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNNS, RAINER  
306 MICHIGAN AVE  
ST CLOUD, FL 34371 US

## Name and Address of New Registered Agent:

MUNNS, COLLIN  
332 CAROLINA AVE  
ST CLOUD, FL 34769 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: COLLIN MUNNS

03/02/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MUNNS, APRIL  
Address: 250 NO. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32802

Title: D ( ) Delete  
Name: MUNNS, RAINER  
Address: 250 NO. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32802

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: MUNNS, COLLIN C  
Address: 332 CAROLINA AVE  
City-St-Zip: ST CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLIN MUNNS

O

03/02/2005

Electronic Signature of Signing Officer or Director

Date