2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# P01000039505

Entity Name: BLOOMIN' BABIES DAYCARE, INC.

Current Principal Place of Business:

315 W. PALM DRIVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

315 W. PALM DRIVE
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 65-1098516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PASTRAN, RAUL E
333 N E 8TH STREET
HOMESTEAD, FL 33030 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: ALMA FLORES

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: FLORES, ALMA
Address: 18840 S W 356TH STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: D ( ) Delete
Name: FLORES, VERONICA
Address: 18840 S W 356TH STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: D ( ) Delete
Name: FLORES, JOSE M JR
Address: 1560 W MOWRY DR
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLORES, ALMA
Address: 1560 WEST MOWRY DRIVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Change ( ) Addition
Name: FLORES, VERONICA
Address: 1560 WEST MOWRY DRIVE
City-St-Zip: HOMESTEAD, FL 33030

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALMA FLORES D 01/22/2007

Electronic Signature of Signing Officer or Director Date