


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000040618		
1. Entity Name ADONAI CHILDREN'S DAY CARE CENTER, INC.		

FILED
04 DEC -6 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1931 NW 194 TERRACE CAROL CITY, FL 33056	Mailing Address 1931 NW 194 TERRACE CAROL CITY, FL 33056
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2. Principal Place of Business 1931 N.W. 194 ter.	3. Mailing Address 1931 N.W. 194 ter.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10272004 REIN-P CR2E098 (6/04)

City & State Carol city Fl.	City & State Carol city Fl.	4. FEI Number 65-1115427	Applied For <input type="checkbox"/> Not Applicable
Zip 33052	Country USA	Zip 33056	Country USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORD, LORETTA 1931 NW 194 TERRACE CAROL CITY, FL 33056		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD FORD, LORETTA 1931 NW 194 TERRACE CAROL CITY, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

700043673827
12/28/04--01035--020 **100.00

700043673827
12/28/04--01035--021 **500.00

700043673827
12/28/04--01035--022 **150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Loretta Jones Ford nov. 4, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #