H09000248181 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 NOV 25 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 08-09

CR2E081 (11/09)

DOCUMENT # P01000066425

1. Corporation Name
TENDER TIMES CHILD CARE CENTER, CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5511 N. 40th Street	P. O. Box 311064
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, FL 33680-1064
Zip: 33610 Country: US	Zip: 33680-1064 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 7/2/2001

5. FEI Number: 59-3730557 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Larry, John B.
Street Address (P.O. Box Number is Not Acceptable): 5511 N. 40th Street
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33610

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: John B. Larry Date: 11/25/09
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Larry, John B	5511 N. 40th Street	Tampa, FL 33610
DST	Larry, Annett	5511 N. 40th Street	Tampa, FL 33610
		JN 11/30	

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John B. Larry 11/25/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H09000248181 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000248181 3)))

H09000248181 3ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

000153. 115056

CORPORATION REINSTATEMENT

TENDER TIMES CHILD CARE CENTER, CORP.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$900.00**

Electronic Filing Menu Corporate Filing Menu Help