

REINSTATEMENT

2005

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000095092																											
1. Entity Name Arcle of Children Center Inc																											
Principal Place of Business 530 - 31st Street South ST. PETERSBURG, FL 33712 US		Mailing Address 530 - 31st Street South ST. PETERSBURG, FL 33712 US																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 59-3748902		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent Bernetta Blossom 530 - 31st Street So St Petersburg, FL 33712		7. Name and Address of New Registered Agent																									
Name		Name																									
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																									
City		City																									
FL		Zip Code																									
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 _____ DATE _____																											
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: Bernetta Blossom		05-29-06 722-321-6354																									

FILED
06-30-2005 90002 014 ***150:00
08-05-2005 90004 030 ***100:00
05 DEC 27 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Registered in error - Lato fee received timely, but applied to 795-85910 in error due to barcode.

Rei w/o penalty.