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**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

06 NOV -3 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108792			
1. Entity Name SMALL WONDERS CHRISTIAN CHILDCARE, INCORPORATED			
Principal Place of Business 1311 W FAIRBANKS AVE ORLANDO, FL 32804		Mailing Address 1311 W FAIRBANKS AVE ORLANDO, FL 32804	
2. Principal Place of Business <i>6202 Forest City Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>6202 Forest City Rd</i> Suite, Apt. #, etc.	
City & State <i>Orlando FLORIDA</i>		City & State	
Zip <i>32810</i>	Country <i>US</i>	Zip	Country
4. FEI Number 59-3750961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, JACQUELINE 1108 PRINCEWOOD DRIVE ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>Mrs Jacqueline B Jones</i> DATE <i>10/12/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTVD JONES, JACQUELINE 1311 W FAIRBANKS AVE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000081594280 11/07/06--01055--001 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 06
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mrs Jacqueline B Jones</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>10/12/06 (407) 532-4090</i> <small>Date Daytime Phone #</small>	

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October 12, 2006

TO THE FLORIDA DEPARTMENT OF STATE
Division of Corporations

I would like to inform you that Small Wonders Christian Child Care returned the card to get a form by mail and have not receive the form. I didn't realize that the form didn't come until I receive the final notice. I would like to ask if you could please waive the fee of \$600.00 please contact Mrs Jacqueline Jones at 407 532-4090 Monday- Friday if arrangement can be meet or if you have any other question. Once again could you please waive the fee of \$600.00 to its normal amount due to not receiving the form in the mail.

Mrs Jacqueline B Jones

Thanks