

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 24 PM 4: 43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052005 REIN-P CR2E098 (6/04)

4. FEI Number **52-2223706**  Applied For  
 Not Applicable

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

**DOCUMENT # P02000019781**  
1. Entity Name  
**LITTLE BUDDIES 24 HOUR DAY CARE, INC.**



Principal Place of Business Mailing Address  
**2429 S RAMONA CIRCLE** **2429 S RAMONA CIRCLE**  
**TAMPA, FL 33612-8415** **TAMPA, FL 33612-8415**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**  
**JANEZIC, JOSEPH**  
**4815 E BUSCH BLVD. SUITE 113**  
**TAMPA, FL 33617**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLVERE, FRANCIS			NAME	<b>300060296813</b>		
STREET ADDRESS	2429 S RAMONA CIRCLE			STREET ADDRESS	<b>10/24/05--01055--015 **150.00</b>		
CITY-ST-ZIP	TAMPA, FL 336128415			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLOCK, CHAZ			NAME			
STREET ADDRESS	2429 S RAMONA CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336128415			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS, VENETA			NAME			
STREET ADDRESS	2429 S RAMONA CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336128415			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** Molvere Francis Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR