1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 11 AM 8:00

DOCUMENT # P02000034025

1. Corporation Name

In the Beginning Family Child care Inc

REINSTATEMENT 03-04 MRS

2. Principal Office Address	**3.** Mailing Office Address
2753 Bishop Lane	Same
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Deltona, Fl	City & State: Fl
Zip: 32725 Country: Volusia	Zip: 32725 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03-28-02

5. FEI Number: 02-058-2996 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Joan Sheffield

Street Address (P.O. Box Number is Not Acceptable): 2753 Bishop Lane

800034545118
04/29/04--01014--014 **300.00

Suite, Apt. #, Etc.: Deltona, Fl

City: Deltona, Fl 32725 State: FL Zip Code: 32725

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: Joan Sheffield — REGISTERED AGENT MUST SIGN — Date: 4/26/04

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
(P) President	Joan Sheffield	2753 Bishop Lane	Deltona, Fl 32725

10. I certify that I am an officer or director or 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Joan Sheffield — 4/26/04 — 386 7892233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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5/6/04

I Joan Sheppard
did not receive the
2003 UBR forms I need to
file my Urb for
In the beginning Family
Child care Inc paper/forms

Joan Sheppard