

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000093652

FILED
Mar 05, 2009
Secretary of State

Entity Name: THINKING CAP CHILD CARE & LEARNING CENTER, INC.

Current Principal Place of Business:

11960 S.W. 271ST ST.
HOMESTEAD, FL 33032

New Principal Place of Business:

13395 SW 268 ST
HOMESTEAD, FL 33032

Current Mailing Address:

11960 S.W. 271ST ST.
HOMESTEAD, FL 33032

New Mailing Address:

13395 SW 268 ST
HOMESTEAD, FL 33032

FEI Number: 56-2289395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, OBAYEMI
11960 S.W. 271ST ST.
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

LEWIS, OBAYEMI
13395 SW 268 ST
HOMESTEAD, FL 33032 US

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.

SIGNATURE: OBAYEMI LEWIS

03/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, VENIQUE
Address: 11960 S.W. 271ST ST.
City-St-Zip: HOMESTEAD, FL 33032

Title: PD (X) Delete
Name: LEWIS, OBAYEMI
Address: 11960 S.W. 271ST ST.
City-St-Zip: HOMESTEAD, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, VENIQUE
Address: 13395 SW 268 ST
City-St-Zip: HOMESTEAD, FL 33032

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VENIQUE BROWN

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date