
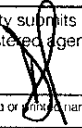
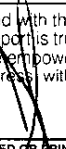


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

0102

<b>DOCUMENT # P03000600922</b> 1. Entity Name <b>MY SECOND HOUSE DAY CARE CENTER, INC.</b>					
Principal Place of Business <b>555 NW 72 AVE APT 102 MIAMI, FL 33126</b>			Mailing Address <b>555 NW 72 AVE APT 102 MIAMI, FL 33126</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5790 SW 8th ST</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>WEST MIAMI</b> Zip <b>FLORIDA 33144</b>		4. FEI Number <b>54-2115044</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MONTADAS, DOLORES</b> <b>5786 SW 8 STREET</b> <b>MIAMI, FL 33144</b> <i>wrong address</i>					
7. Name and Address of New Registered Agent Name <b>DOLORES - MONTADAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5790 SW 8th ST</b> City <b>WEST MIAMI</b> FL Zip Code <b>33144</b>					
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  <b>DOLORES MONTADAS</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>08/23/05</b>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTADAS, DELORES 555 NW 72 AVE APT 102 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, ABIV 555 NW 72 AVE APT 102 MIAMI, FL 33126 <i>N/A</i>	<input checked="" 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	<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	<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	<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	<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 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: 			08/15/2005 (305) 305-1405 Date Daytime Phone #		

REINSTATEMENT 04-05  
6/27/04 9000P 14P 150.00



05  
 FILED  
 08/19/05  
 TALLAHASSEE  
 FLORIDA

PROBERS  
 11/13/05  
 11/13/05

75 212

08/15/2005

to whom it may concern: or  
michelle milligan

subject: My second House Day care C.  
Ref# P03000000922.

for our conversation remember you had in  
the computer wrong address  
that's why I was unable to receive  
any type of mail please.

reconsider my concern and help  
me with this.

Thank you.

Deborah.

My second House Daycare.  
(305) 266-8811 Buss.

(305) 305-1405