## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000000922

Entity Name: MY SECOND HOUSE DAY CARE CENTER, INC.

FILED Oct 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

555 NW 72 AVE APT 102 5790 SW 8TH. ST MIAMI, FL 33126 WEST MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

5790 SW 8TH ST WEST MIAMI, FL 33144

FEI Number: 54-2115044 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTADAS, DOLORES 5790 SW 8TH ST WEST MIAMI, FL 33144 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: DOLORES MONTADAS

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D () Delete Title: P/D (X) Change () Addition

 Name:
 MONTADAS, DELORES
 Name:
 MONTADAS, DOLORES

 Address:
 555 NW 72 AVE APT 102
 Address:
 5790 SW 8TH ST

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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: DOLORES MONTADAS P 10/05/2006