

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 APR -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262008 REIN-P CR2E098 (1/07)

DOCUMENT # P03000010147 1. Entity Name MARGARETS DAY CARE INC.					
Principal Place of Business 1116 FEATHER DRIVE DELTONA, FL 32725			Mailing Address 1116 FEATHER DRIVE DELTONA, FL 32725		
2. Principal Place of Business - No P.O. Box # 170 Bloxham Ave Suite, Apt. #, etc.		3. Mailing Address 170 Bloxham Ave Suite, Apt. #, etc.			
City & State Orangecity, FL Zip 32763		City & State Orangecity, FL Zip 32763		4. FEI Number 61-1420725	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINGARD, MARGARET 1116 FEATHER DRIVE DELTONA, FL 32725			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 <u><i>Margaret Lingard</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	D LINGARD, MARGARET 1116 FEATHER DRIVE DELTONA, FL 32725		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Margaret Lingard</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					

REINSTATEMENT 07-08^{KS}

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