

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000010147

Entity Name: MARGARETS DAY CARE INC.

**FILED**  
**Oct 23, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

170 BLOXHAM AVE.  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

170 BLOXHAM AVE.  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 61-1420725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINGARD, MARGARET  
1116 FEATHER DRIVE  
DELTONA, FL 32725 US

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

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: MARGARET LINGARD

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: D ( ) Delete  
Name: LINGARD, MARGARET  
Address: 1116 FEATHER DRIVE  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARGARET LINGARD

OWNE

10/23/2009

Electronic Signature of Signing Officer or Director

Date