## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000069764

FILED Oct 21, 2009 Secretary of State

Entity Nan	ne: GUARDI	AN ANGEL CHILD CARE,INC	<del>}</del>			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3596 EVAN FORT MYE	IS AVE ERS, FL 3390	1				
Current Mailing Address:			New Maili	New Mailing Address:		
3596 EVAN FORT MYE	IS AVE ERS, FL 3390	1				
FEI Number:	20-0054367	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	SATH AVE RAL, FL 3399					
in the State		submits this statement for the	purpose of changing if	its registered office or registered agent, or bot	in,	
SIGNATUR	RE: ROSE M	POMEROY				
	Electron	nic Signature of Registered A	gent	Date		
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ).	not receive the prior notic	ee.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( POMEROY, RO 4512 NW 34TH CAPE CORAL,	AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition LAMB, AUDREY R VP 4512 NW 34TH AVE CAPE CORAL, FL 33993 LE		

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: ROSE M POMEROY Ρ 10/21/2009