
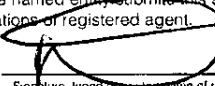
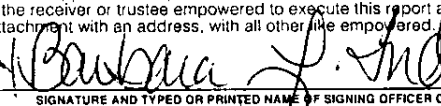


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000147415</b> 1. Entity Name <b>ALL GODS CHILDREN DAY CARE, INC.</b>						<b>FILED</b> <b>05 JUL 28 PM 12:38</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1216 E LINEBAUGH</b> <b>TAMPA, FL 33612</b>				Mailing Address <b>1216 E LINEBAUGH</b> <b>TAMPA, FL 33612</b>			
2. Principal Place of Business <b>ALL GODS CHILDREN DAY CARE</b>				3. Mailing Address <b>1216 E. Linebaugh Ave.</b>			
Suite, Apt. #, etc. <b>Tampa, FL</b>				Suite, Apt. #, etc. <b>Tampa, FL</b>			
City & State <b>Tampa, FL</b>				City & State <b>Tampa, FL</b>			
Zip <b>33612</b>		Country <b>Hills</b>		Zip <b>33612</b>		Country <b>Hills</b>	
6. Name and Address of Current Registered Agent  <b>COLE, KATHY L</b> <b>205 W ML KING BLVD</b> <b># 204</b> <b>TAMPA, FL 33603</b>				7. Name and Address of New Registered Agent Name <b>COLE, Kathy L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>205 W. ML King Blvd. #204</b> City <b>Tampa</b> FL Zip Code <b>33603</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 				DATE <b>7/8/05</b>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>FILE NOW!!! FEE IS \$300.00</b>				<b>700057788022</b> <b>07/22/05--01028--007 ***300.00</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>FORD, TONY</b> <b>9123 CAMINO VILLA BLVD</b> <b>TAMPA, FL 33635</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>FORD, BARBARA</b> <b>9123 CAMINO VILLA BLVD</b> <b>TAMPA, FL 33635</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>			
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: 				Date <b>7/8/05</b> Daytime Phone <b>(813) 239-0458</b>			