

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000147415

FILED
Nov 10, 2008
Secretary of State

Entity Name: ALL GODS CHILDREN DAY CARE, INC.

Current Principal Place of Business:

1216 E. LINEBAUGH AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1216 E. LINEBAUGH AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 57-1196404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, KATHY L
205 W ML KING BLVD
204
TAMPA, FL 33603 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: KATHY L COLE

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: FORD, BARBARA
Address: 9123 CAMINO VILLA BLVD
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: FORD, TONY
Address: 9123 CAMINO VILLA BLVD
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA L. FORD

OWNE

11/10/2008

Electronic Signature of Signing Officer or Director

Date