


2005 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|--|---|
| DOCUMENT # P04000005678 1. Entity Name CHRIS' CHILDCARE CENTER, INC. |  |
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FILED
05 OCT 10 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 200 AVENUE Q, N.E. WINTER HAVEN, FL 33881 | Mailing Address 200 AVENUE Q, N.E. WINTER HAVEN, FL 33881 |
|---|---|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

10072005 REIN-P CR2E098 (6/04)

| | |
|---|--|
| 4. FEI Number 20-0575402 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent MAULTSBY, ANGELA L 200 AVENUE Q, N.E. WINTER HAVEN, FL 33881 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P/D <input type="checkbox"/> Delete MAULTSBY, ANGELA L |
| NAME | 200 AVENUE Q, N.E. |
| STREET ADDRESS | WINTER HAVEN, FL 33881 |
| CITY-ST-ZIP | |
| TITLE | S/T <input type="checkbox"/> Delete MAULTSBY, ANGELA L |
| NAME | 200 AVENUE Q, N.E. |
| STREET ADDRESS | WINTER HAVEN, FL 33881 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 300060456753 |
| STREET ADDRESS | 10/10/05--01074--013 **150.00 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 to an address, with all other like empowered.

SIGNATURE: *Angela L. Maultsby* **President** 10/7/05 863-698-9171
DATE DAYTIME PHONE #

ANGELA L. MAULTSBY
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR