PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO4000046674

1. Corporation Name

From Here To There daycare
1501 W. Busch Blvd
Tampa Fl 33612

0002432387750
01/02/13--01023--004 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
1501 W. Busch Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa Florida

City & State

4. Date Incorporated or Qualified To Do Business in Florida 3-2004

Zip 33612 **Country** U.S.A

Zip

Country

5. FEI Number 90-0147054 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Linda Mattos

Street Address (P.O. Box Number is Not Acceptable)
11706 Shady Tree Place

REINSTATEMENT 2012

Suite, Apt. #, Etc.

City Tampa **State** FL **Zip Code** 33624

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Linda Mattos

Date 12/26/12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Linda Mattos	1501 W. Busch Blvd.	Tampa FL 33612
			DEC 3 1 2012

10. E-mail Address: Liddy11@verizon.net
(To be used for future annual report notification)

D. BUTLER

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Linda Mattos

12/26/12   813-843-6706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #