2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000080917 1. Entity Name TOTAL DAILY CARE INC.							FILE	iH II: C	
5380 MARTIN LUTHER KING ST (MLK) 5		Mailing Address 5380 MARTIN LUTHER KING ST (MLK) ST PETERSBURG, FL 33705		(MLK)		TALLA	LIARY C HASSEE	r STAT , FLORI	E DA
2. Principal Place of Business 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10082005	REIN-P	CR2E09	98 (6/04)	
City & State		City & State			4. FEI Numb	46523	5		olied For Applicable
Zip Count	Country Z		Zip Count		5. Certificate of Status Desired		□ \$	8.75 Addi ee Required	
Name and Address of Current Registered Agent				Name	7. Name and	Address of New F	legistered Ag	ent	
HUDDLESTON, TRACEY 5380 MARTIN LUTHER KING ST (MLK) ST PETERSBURG, FL 33705					P.O. Box Numb	er is Not Acceptable	9)		<u> </u>
				City			FL	Zip Code	ļ
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00						In accordance corporation did			
10.	OFFICERS AND DIRE		11.		ADDITIONS	CHANGES TO OFF			
NAME HUDDLESTON, TRACEY STREET ADDRESS 5380 MARTIN LUTHER KING ST (MLK) NA					4 10/1	00060 7/050106		□ Change 2.5.4 **150	Addition
STREET ADDRESS 661 53RD AVE S	PERRY, VIRGINIA 661 53RD AVE S ST							☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	Delete T N ADDRESS S							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				!				Change	Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		□ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte						Change	☐ Addition
 I hereby certify that the inform- indicated on this report or sup of the corporation or the receiv changed, or on an attachment 	er or trustee empowere	ed to execute this report	as requir	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes, ct as if made under es; and that my name	I further certif oath; that I an ne appears in	y that the in n an officer Block 10 or	formation or director Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Distance of Dis									

To: Florida Dept. of State/Division of Corporations

10/5/05

From: Tracey Huddleston (President of Total Daily Care Inc.)
Document # PO4OOO080917

Dear Sir or Madam

On 10/4/05 I received dissolution of administratively duties for my company. This was due to on 7/5/05 a rejection letter with my check for \$150.00 (#1018) was mailed back to me with an application for the 2005 For Profit Corporation Annual Report form to be filled out. I was given thirty days to complete and mail back in with another \$150.00 check (#1025). I completed the application and mailed it back with a check on 6/27/05. I phoned your office today and was told that another rejection form was sent out after this but I did not receive this notice and I'm asking for the additional fees to be waived and for my business to be reinstated. Please feel free to contact me regarding this matter at (727) 235-9210.

Sincerely Tracey Huddleston

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Tracey Huddleston 10/5/05