

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN -8 AM 8:44

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



REINSTATEMENT 02/21/2008 05:06
FEE Number 900202031 Applied For Not Applicable

DOCUMENT # P04000131279					
1. Entity Name LITTLE PEOPLE CHILD CARE & LEARNING CENTER, INC.					
Principal Place of Business PO BOX 351818 PALM COAST, FL 32135-1818			Mailing Address PO BOX 351818 PALM COAST, FL 32135-1818		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOWELL, SIDNEY M ESQ. 1102 E MOODY BLVD BUNNELL, FL 32110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Sidney M. Nowell, Esq.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>5/3/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, TERRIS PO BOX 351818 PALM COAST, FL 321351818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600076252416 06/16/06--01013--017 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richardson, Terris P.O. Box 351818 Palm Coast, FL 32135-1818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Terris K. Cooper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF JOINING OFFICER OR DIRECTOR</small>				DATE <u>5/3/06</u> DAYTIME PHONE # <u>386-586-5737</u>	