

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000134922

**FILED**  
**Aug 26, 2011**  
**Secretary of State**

**Entity Name:** DR MARY BAIN CHILD DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

2152 NW 64TH STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

2152 NW 64TH STREET  
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number:** 87-0783288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAIN HUDSON, SHARHONDRA  
365 NW 205 TERRACE  
MIAMI, FL 33169 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:** SHARHONDRA BAIN HUDSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BAIN HUDSON, SHARHONDRA  
**Address:** 365 NW 205 TERRACE  
**City-St-Zip:** MIAMI, FL 33169 00

I hereby 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 all other like empowered.

**SIGNATURE:** SHARHONDRA BAIN HUDSON

PRES

08/26/2011

Electronic Signature of Signing Officer or Director

Date