

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000027917

FILED  
Jul 19, 2007  
Secretary of State

Entity Name: AFTER SCHOOL CARE NETWORK, INC.

## Current Principal Place of Business:

10711 SW 216TH ST., SUITE 203  
MIAMI, FL 33170

## New Principal Place of Business:

10711 SW 216TH ST., SUITE 103  
MIAMI, FL 33170

## Current Mailing Address:

10711 SW 216TH ST., SUITE 203  
MIAMI, FL 33170

## New Mailing Address:

10711 SW 216TH ST., SUITE 103  
MIAMI, FL 33170

FEI Number: 56-2513528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HENRY, EUNICE  
22346 SW 103RD CT.  
MIAMI, FL 33190 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: EUNICE HENRY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: HENRY, EUNICE  
Address: 22346 SW 103RD CT.  
City-St-Zip: MIAMI, FL 33190

Title: VD ( ) Delete  
Name: HENRY, CHARLES  
Address: 22346 SW 103RD CT.  
City-St-Zip: MIAMI, FL 33190

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change ( ) Addition  
Name: HENRY, EUNICE  
Address: 22346 SW 103RD CT.  
City-St-Zip: MIAMI, FL 33190

Title: PD (X) Change ( ) Addition  
Name: HENRY, CHARLES  
Address: 22346 SW 103RD CT.  
City-St-Zip: MIAMI, FL 33190

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EUNICE HENRY

Electronic Signature of Signing Officer or Director

VD

07/19/2007

Date