

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000027917

**FILED**  
**Dec 13, 2012**  
**Secretary of State**

**Entity Name:** AFTER SCHOOL CARE NETWORK, INC.

**Current Principal Place of Business:**

10711 SW 216TH ST., SUITE 104  
MIAMI, FL 33170

**New Principal Place of Business:**

10711 SW 216TH ST., SUITE 206  
MIAMI, FL 33170

**Current Mailing Address:**

10711 SW 216TH ST., SUITE 104  
MIAMI, FL 33170

**New Mailing Address:**

10711 SW 216TH ST., SUITE 206  
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:**

ADM BUSINESS SOLUTIONS  
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

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** HENRY, EUNICE  
**Address:** 22346 SW 103RD CT.  
**City-St-Zip:** MIAMI, FL 33190

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:** EUNICE HENRY

PVST

12/13/2012

Electronic Signature of Signing Officer or Director

Date