

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000032864

Entity Name: LIL NUGGETS DAYCARE INC

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7054 WILSON BLVD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

7054 WILSON BLVD  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 20-2441416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILSON, YVROSE  
6609 BLACKWOOD DRIVE  
JACKSONVILLE, FL 32277 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: YVROSE WILSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KETTY, PAUL W  
Address: 3439 INLET LANE  
City-St-Zip: ORANGE PARK, FL 32065

Title: VPD  
Name: WILSON, YVROSE  
Address: 6609 BLACKWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277

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: YROSE WILSON

PRES

04/06/2011

Electronic Signature of Signing Officer or Director

Date