


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000079239		
1. Entity Name DAS DAY CARE INC.		

Principal Place of Business 1360 NW 86TH ST. MIAMI, FL 33147	Mailing Address 1360 NW 86TH ST. MIAMI, FL 33147
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2. Principal Place of Business - No P.O. Box # 1360 NW 86 ST	3. Mailing Address 1360 NW 86 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33147	Country USA
Zip 33147	Country USA

FILED
07 JUN 12 PM 2:44
STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT	06-07
4. FEI Number 061777082	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRANTON, LATONIA 1360 NW 86TH ST. MIAMI, FL 33147
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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>Latonia Branton</u> DATE: <u>6-7-07</u>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BRANTON, LATONIA 1360 NW 86TH ST. MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000104451120 06/12/07-01008-001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. DE WITT, DEANNA 1042 NW 77th Miami, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000104455356 06/12/07-01008-001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE. BRANTON, DARYL 1360 NW 86 St. Miami, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000104455356 06/12/07-01008-001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>6/12</u> <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>Latonia Branton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>6/7/07</u> Date Daytime Phone #