

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000104402

1. Entity Name  
GUARDIAN ANGELS CHILDCARE CENTER INC.



Principal Place of Business  
100 DR. MARTIN LUTHER KING AVE.  
WILDWOOD, FL 34785

Mailing Address  
100 DR. MARTIN LUTHER KING AVE.  
WILDWOOD, FL 34785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09212006

REIN-P

CR2E098 (11/05)

4. FEI Number

20-3335846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS LYALS, GWENDOLYN  
15444 SW 34TH COURT RD  
OCALA, FL 34473

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/D  
LEWIS LYALS, GWENDOLYN  
15444 SW 34TH COURT RD  
OCALA, FL 34473 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
BROWN, LOUIS JR.  
6949 ROSS TERRACE  
HOLDER, FL 34445 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T/S  
LEWIS LYALS, GWENDOLYN  
15444 SW 34TH COURT RD  
OCALA, FL 34473 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000080640320  
10/08/06--01049--003 \*\*158.75

TITLE  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/06 3527

FILED

2006 OCT -9 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

