


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT.# P05000144931		
1. Entity Name TWEET & INNOCENT DAYCARE, INC.		


Principal Place of Business 1525 14TH AVENUE EAST BRADENTON, FL 34208	Mailing Address 1525 14TH AVENUE EAST BRADENTON, FL 34208
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

06 NOV -6 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT (11/05)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GLOVER-POWELL, ELLA 1525 14TH AVENUE EAST BRADENTON, FL 34208	

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 _____ (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.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	GLOVER, PETE
STREET ADDRESS	429 41ST STREET EAST BOULEVARD
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP <input type="checkbox"/> Delete
NAME	GLOVER-POWELL, ELLA
STREET ADDRESS	1525 14TH AVENUE EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	S <input type="checkbox"/> Delete
NAME	GLOVER-POWELL, ELLA
STREET ADDRESS	1525 14TH AVENUE EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	T <input type="checkbox"/> Delete
NAME	GLOVER, MAXINE
STREET ADDRESS	429 41ST STREET EAST BOULEVARD
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500081552805
STREET ADDRESS	11/06/06--01037--012 **\$150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Ella Glover Powell 941 752-7112 11/3/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #