


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 22 AM 8:19

DOCUMENT # P06000051159	
1. Entity Name TINY TOTS ACADEMY, INC.	

Principal Place of Business 6300 SW 32ND STREET MIRAMAR, FL 33023 US	Mailing Address 6300 SW 32ND STREET MIRAMAR, FL 33023 US
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2. Principal Place of Business - No P.O. Box # 4500 SW 32nd Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollywood, FL	City & State
Zip 33023	Country USA
Zip 33026	Country



12022008 REIN-P CR2E098 (1/07)

4. FEI Number 04-3743239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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, 2009, Fee will be \$900.00
300.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAZZAL, HYACINTH 4500 SW 32ND DRIVE HOLLYWOOD, FL 33023 <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	D REYNOLDS, HOWARD 6300 SW 32ND DRIVE MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500139204279 12/22/08--01052--024 <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
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/1/08 Daytime Phone # 954-963-1189

12123

**TINY TOTS ACADEMY
&
AFTER CARE
4500 SW 32nd Drive Hollywood, Fl. 33023
954-963-1189 Fax: 954-986-2865**

December 01, 2008

Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

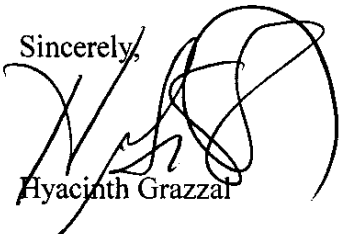
Dear Sir/Madam,

I am in receipt of your letter dated November 25, 2008, stating that my Corporation is currently inactive. I did not receive any notice informing me that I need to reinstate my corporation, hence it would be in the best interest of my business.

Therefore, I strongly belief that this has to be a form of miscommunication and further respectfully requesting that my corporation be reinstated as this is a day care and I need coverage.

Thanks so much for your immediate attention towards this matter.

Sincerely,


Hyacinth Grazzai