

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000088192

**FILED**  
**Mar 13, 2014**  
**Secretary of State**

**Entity Name:** MARY'S FAMILY CHILDCARE INCORPORATED

**Current Principal Place of Business:**

200 WILLOW ROAD  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

200 WILLOW ROAD  
OCALA, FL 34472

**New Mailing Address:**

**FEI Number:** 30-0563062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, DR. CECIL  
200 WILLOW ROAD  
OCALA, FL 34472 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:** DR. CECIL WILSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GREEN, KOURTNIE N  
**Address:** 200 WILLOW ROAD  
**City-St-Zip:** Ocala, FL 34472

**Title:** T/S  
**Name:** WILSON, CECIL  
**Address:** 200 WILLOW ROAD  
**City-St-Zip:** Ocala, FL 34472

**Title:** D  
**Name:** WILSON, LOUANN  
**Address:** 714 PRIMROSE LANE  
**City-St-Zip:** Lady Lake, FL

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:** CECIL WILSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T/S

03/13/2014

\_\_\_\_\_  
Date