

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000035840

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** GRAHAM BEARS CHILDCARE, INC

**Current Principal Place of Business:**

5151 COLONIAL AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

5151 CONONIAL AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 20-8683012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAHAM, MARKALE  
5151 COLONIAL AVENUE  
JACKSONVILLE, FL 32210 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:** MARKALE GRAHAM

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GRAHAM, MARKALE  
**Address:** 8216 PEAR ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** D  
**Name:** ELLIS, HAROLD  
**Address:** 3699 SILVERBLUFF BLVD  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** D  
**Name:** JOHN, BRENDA  
**Address:** 8216 PEAR ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32210

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:** MARKALE GRAHAM

OWNE

03/03/2011

Electronic Signature of Signing Officer or Director

Date