

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000128638

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** LOVE AND LAUGH FUN CARE CENTER, INC.

**Current Principal Place of Business:**

LESA SNIPES-WILLIAMS  
2014 EDGEWATER DRIVE  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

LESA SNIPES-WILLIAMS  
2014 EDGEWATER DRIVE  
SARASOTA, FL 34234

**New Mailing Address:**

LESA SNIPES-WILLIAMS  
2811 17TH STREET  
SARASOTA, FL 34234

**FEI Number:** 51-0431193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONVILLE, CAROL L  
3737 S. TUTTLE AVENUE  
SARASOTA, FL 34239 US

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

SNIPES-WILLIAMS, LESA P  
2014 EDGEWATER  
SARASOTA, FL 34234 US

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:** LESA SNIPES- WILLIAMS

01/13/2010

Electronic Signature of Registered Agent

Date

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SNIPES-WILLIAMS, LESA  
**Address:** 2014 EDGEWATER DRIVE  
**City-St-Zip:** SARASOTA, FL 34234

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:** LESA SNIPES-WILLIAMS

OWNE

01/13/2010

Electronic Signature of Signing Officer or Director

Date