

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000056242

Entity Name: HEAVENLY DAYCARE INC.

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

13825 COLLIER BLVD.  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

13825 COLLIER BLVD.  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

RODRIGUES, LAURA  
13825 COLLIER BLVD.  
NAPLES, FL 34119 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: LAURA RDRIUES

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 ( ) Delete  
Name: RODRIGUES, LAURA  
Address: 13825 COLLIER BLVD  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURA RODIGUES

PRES

10/16/2009

Electronic Signature of Signing Officer or Director

Date