

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 09, 2009  
Secretary of State**

DOCUMENT# P08000081182

Entity Name: RIGHT START PRE-K & PRESCHOOL PROGRAMS, INC.

**Current Principal Place of Business:**

8873 N. ISLES CIRCLE  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**New Mailing Address:**

P.O. BOX 1341  
DEERFIELD BEACH, FL 33443 US

**Current Mailing Address:**

8873 N. ISLES CIRCLE  
TAMARAC, FL 33321 US

FEI Number: 26-3845398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOSTWICK, CHARMAINE A  
8873 N. ISLES CIRCLE  
TAMARAC, FL 33321 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: CHARMAINE BOSTWICK

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: DP ( ) Delete  
Name: BOSTWICK, CHARMAINE A  
Address: 8873 N. ISLES CIRCLE  
City-St-Zip: TAMARAC, FL 33321 US

Title: DS ( ) Delete  
Name: KELLY, GIANNA A  
Address: 8873 N. ISLES CIRCLE  
City-St-Zip: TAMARAC, FL 33321 US

Title: DT ( ) Delete  
Name: KELLY, ALGERNON O  
Address: 8873 N. ISLES CIRCLE  
City-St-Zip: TAMARAC, FL 33321 US

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

Title: DP (X) Change ( ) Addition  
Name: BOSTWICK, CHARMAINE A  
Address: P.O. BOX 1341  
City-St-Zip: DEERFIELD BEACH, FL 33443 US

Title: DS (X) Change ( ) Addition  
Name: KELLY, GIANNA A  
Address: P.O. BOX 1341  
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: DT (X) Change ( ) Addition  
Name: KELLY, ALGERNON O  
Address: P.O. BOX 1341  
City-St-Zip: DEERFIELD BEACH, FL 33443

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: CHARMAINE BOSTWICK

Electronic Signature of Signing Officer or Director

DP

10/09/2009

Date