## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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· ·	RPORATI STATEM		FLORIDA DE	03 JAN -2 AM 8:	03 JAN -2 AM 8: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Corpora	ation Name	# P96000			THE VEICE, PEOR	HDA	
2. Principal Office Address 942 SW 68TH AVE.			3. Mailing Office Address 942 SW 68TH AVE.				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/10/1	996	
City & State NORTH LAUDERDALE, FL.			City & State  NORTH LAI	JDERDALE, FL.	<b>5.</b> FEI Number 650632065	Applied For Not Applicable	
z <sub>ip</sub> 33068		Country USA	<sup>Zip</sup> 33068	Country USA	6. SECTION OF STATUS DESIDED IV	Additional Fee required a Certificate of Status	
		,	7. Nam	e and Address of Current Reg	Istered Agent		
		CDONALD, CA	r is Not Acceptable)	2 SW 68TH AVE.	2000097870	182	
	Suite, Apt.	#, Etc.			01/02/0301063009	**158.75	
	City NO	RTH LAUDER	DALE		State Zip Code 33068	3	

Signature Registered	of I AgentREGISTER	12/16/2002							
9. Name	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip						
PTD	MCDONALD, CAROL M.	942 SW 68TH AVE.	NORTH LAUDERDALE, FL. 33068						
SVD	MCDONALD, CARL	942 SW 68TH AVE.	NORTH LAUDERDALE, FL. 33068						
	<del> </del>	<del>-  </del>							

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SI	^-	 -	_
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CAROL M. MCDONALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/02

954-969-2898

Date

Daytime Phone #

R2E081 (9/01)

Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Carol M. McDonald 942 S.W. 68th Ave., North Lauderdale, FL. 33068 (954) 969-2898

Re: Reinstatement of Precious Little Ones, Inc.

December 16, 2002

Dear Sir or Madam:

The purpose of this letter is to request reinstatement of Precious Little Ones, Inc. due to an inevitable circumstance. On 6/21/01 I requested a name change from Mercedes Quality Care, Inc. to Precious Little Ones, Inc. and since then we have not received anything in regards to paperwork on Precious Little Ones, Inc. I was apaulled to find out that our company's address was listed incorrectly for both principal address and mailing address; they both had the old address listed and not the current one.

The correct principal address is 942 S.W. 68th Ave., North Lauderdale, FL. 33068 and the correct mailing address is 942 S.W. 68th Ave., North Lauderdale, FL. 33068. I am sorry for the inconvenience, however, if you have any questions, please do not hesitate to contact me at the above listed phone number or address. Please be sure to make the proper correction in your files, so that I will receive any correspondence you might have for Precious Little Ones, Inc.

Enclosed you'll find a check for \$158.75. Thanks in advance for your cooperation in this matter.

Sincerely,

Carol M. McDonald

President

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