PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CIRPORATION KANTO Hard Secrety of State DIVISION PROPERTY OF STATE OF SECRETY OF SECRET					FILED OU DEC 26 PM 3: 59 SECRETARY OF STATE TALLAHASSEE FLORIDA		
	<u> </u>	3. Mailing Office Address	vise, Inc.	4. Date Incorpora	ted or Qualified	FLORIDA	
Ta	impa. FL.	Tampa +	=L.	5. FEI Number	517221	Applied For Not Applicable	
Zip 3 3	60untry	33404 H	Country	6.	STATUS DESIDED TO \$875	Additional Fee required	
33604 Hillsborough 33604 Hillsborough 6. CERTIFICATE OF STATUS DESIRED 507 a Certificate of Status 7. Name and Address of Current Registered Agent							
Name Cathy L. Colt Street Address (P.O. Flox Number is Not Acceptable) 205 W. M. L. King Blud. Suite, Apt. #, Etc. #204					00035245 -01/05/0101 ****450.00	5696 1024016 *****450.00	
	Tampa			s	EL SALOU		
8. I, being Signature o Registered	appointed the registered agent of the above of Agent Agent (re named corporation, am familipulation			07.0505 or 617.0503, F.S. Date 10-16-06	CR2E081 (9/99)	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3							
Titles	Name of Officers and/or Directors	•	Street Address of Each Officer and/or Director		City / State / Zip		
4	Shawana Stac	8352	Packwoo	d T	Tampa, Fl	33604	
			·			····	
						KE	
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 fitting 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIECTOR Date							
	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER	OR DARECTOR	Da	te Daytime	Phone #	

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

Lotta Lovin Day Care Enterprise, Inc. 8325 Packwood
Tampa, FL. 33604

RE: LOTTA LOVIN DAY CARE ENTERPRISE, INC. #P97000072418

Please be advised that we did not receive a renewal form on the above referenced corporation, which caused it to be dissolved.

Therefore, enclosed please find a reinstatement application and attached a check for \$450.00 which is the amount needed for reinstatement.

Sincerely,

Kathy L. Cole Kathy L. Cole