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FILED
00 DEC 26 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (9/99)

| 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 |
| D | Shawana Stacy | 8325 Packwood | Tampa, FL. 33604 |
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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 filing 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: Shawana Stacy 10-06-2000 237-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2

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

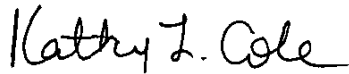
Lotta Lovin Day Care Enterprise, Inc.
8325 Packwood
Tampa, FL 33604

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA