

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

DOCUMENT # P98000079781

1. Entity Name
DEL TRAVIESO LEARNING DAY CARE CENTER CORP.



Principal Place of Business
26 E. 7TH STREET
HIALEAH, FL 33010

Mailing Address
26 E. 7TH STREET
HIALEAH, FL 33010

REINSTATEMENT 04



2. Principal Place of Business

380 Palm Ave.

Suite, Apt. #, etc.

3. Mailing Address

380 Palm Ave.

Suite, Apt. #, etc.

11222004 REIN-P

CR2E098 (6/04)

City & State

Hialeah FL

Zip 33010

Country USA

City & State

Hialeah FL

Zip 33010

Country USA

4. FEI Number

65-0863506

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, BELKIS B
681 NW 136 AVE
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
GARCIA, BELKYS B
681 NW 136 AVE
MIAMI, FL 33182

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500042998845
11/24/04--01038--018 **150.00

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/04 305 888 6848