

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704158

1. Corporation Name
LINCOLN PARK CHILD CARE CENTER, INC.

FILED
 04 FEB 12 PM 12:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1400 AVENUE "M"
FT. PIERCE FL 34950
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



200028639662
 02/12/04--01008--025 **357.75

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable 2601 Avenue "I"	4. Date Incorporated or Qualified To Do Business in Florida 06/12/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-1276624
City & State	City & State Fort Pierce, FL	Applied For <input type="checkbox"/>
Zip	Zip 34947	Not Applicable <input type="checkbox"/>
Country USA	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD			
VD			
SD	COX, ALBERTA	532 MEANS CT.	FORT PIERCE FL
PD	BENNETT, LEROY JR President	2101 VALENCIA AVENUE	FORT PIERCE FL 34946
SD	FENN, HARVERT - Secretary	2801 AVENUE "I"	FORT PIERCE FL 34947

REINSTATEMENT 02-04

8. Name and Address of Current Registered Agent GRISBY, HORATIO JR. 1306 AVE "O" FORT PIERCE FL 34950	9. Name and Address of New Registered Agent Name Harvert Fenn Street Address (P.O. Box Number is Not Acceptable) 2601 Avenue "I" TS Suite, Apt. #, Etc. City Ft Pierce State FL Zip Code 34947
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent **Harvert Fenn** **SIGNATURE REQUIRED** Date **1-28-2004**
 REGISTERED AGENT MUST SIGN

11. 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: **Leroy Bennett Jr** **SIGNATURE REQUIRED** Date **1-27-04** (772) Daytime Phone # **464-1457**