PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 24 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26617

1. Corporation Name
Florida Association for Child Care Management
12160 Ft. Caroline Road
Jacksonville, Fl 32225

Principal Place of Business / Mailing Address
Tom Moore
12160 Ft. Caroline Rd.
Jacksonville, Fl 32225

REINSTATEMENT 1/24/97
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction b[illegible]

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1981

5. FEI Number: 65-0079688 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Donna Skinner	1001 Roseland Rd.	Sebastian, Fl 32958
VP	Jane Bowen	1116 35th St. W.	Bradenton, Fl 34205-3223
Sec.	Carol Moore	7535 Ft. Caroline Rd.	Jacksonville, Fl 32257
Treas.	Ray Flow	722 So. Lakeside Rd.	Lake Worth, Fl 33460
Dir.	Dale Suthoff	2700 Enterprise Rd.	Orange City, Fl 32763
Dir.	Terry Bowen	1116 35th St. W.	Bradenton, Fl 34205-3223
Dir.	Bonnie Martin	11911 Pine Forest Dr.	New Port Richey, Fl 34654
Dir.	Butch Cronin	6225 Hazeltine National	Orlando, Fl 32822
Dir.	Parnell Dickinson	914 No. Castle Ct.	Tampa, Fl 33612

1/24/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Ray Flow
Street Address (P.O. Box Number is Not Acceptable): 722 So. Lakeside Dr.
Suite, Apt. #, Etc.:
City: Lake Worth State: FL Zip Code: 33460

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-01/28/97-01003
****297.50

CR2E040 (12/95)

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.

Signature of Registered Agent: Ray Flow
REGISTERED AGENT MUST SIGN
Date: 1-21-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Ray Flow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97
Date

(561) 471-3143
Daytime Phone #