

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT **98 AR**  
 ANNUAL REPORT DOCUMENT # **NA5000005493**  
 1. Corporation Name  
**Newberry Community Daycare Center, Inc.**

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

FILED

98 JUN 30 PM 1:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**24505 NEWBERRY LANE**  
**NEWBERRY, FL 32669**  
**P.O. BOX 144**  
**NEWBERRY, FL 32669**  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

700002582737--2  
 -07/08/98--01042--006  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

2. New Principal Office Address, If Applicable  
**P.O. BOX 144**  
 Suite, Apt. #, etc.  
 City & State  
**Newberry,**  
 Zip Country  
**32669 Alachua**

4. Date Incorporated or Qualified To Do Business in Florida  
**NOVEMBER 20, 1995**  
 5. FEI Number  
**59-1356 075**  
 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/O	ELAINE M. FRANKLIN	13712 NW CR 235	Alachua, FL 32615
S/O	BARBARA HENKY	1001 SW 143rd St	Newberry, FL 32669
T/O	MAE ISLAR	24434 NEWBERRY LANE	NEWBERRY, FL 32669
M/O	MARIE McCRAY	403 N.W 245 TERRACE	NEWBERRY, FL 32669

8. Name and Address of Current Registered Agent  
**Elaine McClain Franklin**  
**13712 NW CR 235**  
**Alachua FL 32615**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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 **Elaine McClain Franklin** REGISTERED AGENT MUST SIGN Date **6/17/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: **MAE V. ISLAR** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **6/17/98** Daytime Phone # **352-492-2306**

CR2E040 (1/98)