

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 17 AM 8:00

DOCUMENT # P49000075155

1. Corporation Name
Fundamental Child Care of
Palm Coast, Inc.

000040247660
08/17/04--01055--001 **1358.75

REINSTATEMENT 00-04

2. Principal Office Address <u>4892 NW Palm Coast Pkwy</u> Suite, Apt. #, etc. <u>C</u>		3. Mailing Office Address <u>P.O. Box 2629</u> Suite, Apt. #, etc.	
City & State <u>Palm Coast FL</u>		City & State <u>Bunnell FL</u>	
Zip <u>32137</u>	Country <u>USA</u>	Zip <u>32110</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>8/23/99</u>	MRS
5. FEI Number <u>59-3594052</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Mark Mistie</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4892 NW Palm Coast Pkwy</u>	
Suite, Apt. #, Etc. <u>C</u>	
City <u>Palm Coast</u>	State <u>FL</u>
Zip Code <u>32137</u>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent _____ Date 8/16/04
REGISTERED AGENT MUST SIGN

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	Mark Mistie	4892 NW Palm Coast Pkwy	Palm Coast FL 32137
D	Patricia Spath	4892 NW Palm Coast Pkwy	Palm Coast FL 32137
D	Diane Bouke	4892 NW Palm Coast Pkwy	Palm Coast FL 32137
D	Kathe Mesete	24 Cimmaron Dr	Palm Coast FL 32137
D	Anthony Mideo	24 Cimmaron Dr	Palm Coast FL 32137

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)(f), 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: Mark Mistie 8/16/04 (386) 445-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED81 (01/04)