PLEASE READ /	ALL INSTRUCTIONS	BEFORE CO	MPLETING THIS FO	RM. , ,
APPLICATION	FLORIDA DÉPARTME Sandra B. Mo		A AMB	rage 10/2
REINSTATEMENT	Secretary of S	State FAMENS REA	000/ THAR 24 PM 1:	38
DOCUMENT # V60220			N 2 Million in .	
Pride & Juy Child Care & Freschool, INC.			SECRETARY OF STATE TAILAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address	Cı		
1112 MAdison St 1112 MAdison St 1 AKO Pita F137055 LAKE City F1 32055				
LAKE City F132055 LAKE City F132055 If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
New Principal Office Address, If Applicable New Malling Office Address, If A			4. Date Incorporated or Qualified To Do Business in Florida 8/34/92	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & Stale	5	5. FEI Number (9-3142033	Applied For Not Applicable
Zip Country	Žip Count	ry 6		S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	and the second second second	ations must list at least 3	3 directors)	
Title(s) and/or Directors	O	flicer and/or Director lse Post Office Box Num	nbers) 4	ity / State / Zip
Pst Lord, JANet	1112 W	MAdison	sst. Lake (lity F/ 32005
				,
			7000021229771	
			****363	
<u> </u>				
			0 (11	1401 3/24/92
8. Name and Address of Current R	egistered Agent		. Name and Address of New Regist	
Lord, JANET 1112 MAdison St. Name Street Address (P.O. Box Number is Not Acceptable)				OR2E040 (1296)
		Suite, Apt. #, Etc.		
LAKE City F1 32050		City State Zip Code		
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 June 2012 REGISTERED AGENT MUST SIGN Date 3/17/97				
1. 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 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 filling 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: JANT JOIL	TED NAME OF SIGNING OFFICER OR	DIRECTOR	3/17/97	984-752-7841 Daylimo Phone #

page 20/2

Division of Corporations P.O. Box 6327 Tallahassee, Fl.

3/17/97

Enclosed please find the form for reinstatement of my Corporation with the State of Florida.

As per our conversation with your office we did not know that this had not been paid. In the period of time that this was mailed last year we had several items of mail that was lost and has never been recovered.

I am enclosing a check in the amount of \$365.00 as per our conversation and am requesting that the penalty be abated because of the circumstance.

Thanking you in advance,

. Janet Lord