

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 MAY -5 PM 4:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 509077

1. Corporation Name

PLANTATION DAY CARE CENTER, INC

Principal Place of Business

4610 NW 9th Ct.
PLANTATION, FL 33317

Mailing Address

10092 W. OAKLAND
PARK BLVD.
SUNRISE, FL. 33351

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

10092 W. OAKLAND PARK
BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE, FL

Zip

Country

Zip

Country

33351

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-173 4934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95-97

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.	Jacquelyn Amos	22548 Cakaville Cr.	BOCA RATON, FL 33433
Sec/T.	Laurie Amos	10092 W. OAKLAND PARK BLVD.	SUNRISE, FL 33351
DIR.	Jacquelyn Amos	" "	200002176762--7 -05/13/97--01071--015
DIR.	Laurie Amos	10092 W. OAKLAND PARK BLVD	*****8.75 *****8.75
Dir.	Leah Bridgewater	" "	

8. Name and Address of Current Registered Agent

Jacquelyn Amos
10092 W. OAKLAND PARK BLVD.
SUNRISE, FL. 33351

9. Name and Address of New Registered Agent

Name

200002176762--7

Street Address (P.O. Box Number is Not Applicable)

05/13/97--01071--015

Suite, Apt. #, Etc. ***1080.00 ***1080.00

City

State

FL

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

Jacquelyn Amos
REGISTERED AGENT MUST SIGN

Date

4/29/97

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

Daytime Phone #

954-714-2506

CR26040 (12/96)