FLEASE NEAU A		וטיוטווטטר				** ****	
APPLICATION FLORIDA DEPARTMENT OF STATE							
FOR FOR	S	Secretary of Sta	ate				
REINSTATEMENT DIVISION OF CORPORATIONS				FILED			
DOCUMENT # 704158				01 FEB 12 PM 12: 28			
LINCOLN PARK CHILD CARE CENTER, INC.				SECRETARY OF STATE TALLANASSEE, FLORIDA			
					TALLATASSE	E' EF OKODA	
Principal Place of Business Mailing Address							
1400 Avenue "M" FT. Pierce FL 34950	المرد الأخرية الأكري . المراجع المراجع						
US				200028638662			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				02/12/0401008025 ***357.75			
2. New Principal Office Address, If Applicable	3. New Mailing	AVENUE "I"		4. Date Incorpo To Do Busin	orated or Qualified ess in Florida	06/12/1962	
Suite, Apt. #, etc.	Suite, Apt. #, e			5. FEI Number	EQ. 1076604	Applied For	
City & State ?	City & State For t Pt	erceF-L		59-1276624 Not Applicable			
Zip Country	^{zip} 3494	-7 Country	5A		OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/c				st 3 directors)	·····		
Titte(s) Name of Officers and/or Directors			et Address of Each cer and/or Director		4	City / State / Zip	
PD (4. 1. 3) (4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Alwer i					
						•** <u>-</u>	
SØ COX, ALBERTA	532 MEANS CT.			FORT PIERCE FL			
PD BENNETT, LEROY JR Presse	2101 VALENCIA AVENUE			FORT PIERCE FL 34946			
				FORT PIERCE FL 34947		L 3494 7	
DEBETATE NO2-04							
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent							
- GRISBY, HORATIO JR.					ert Fenn P.O. Box Number is Not Acceptable), III TS		
-1306 AVE "0"			Street Address (P.O. Box Number is Not Acceptable),				
FORT PIERCE FL 34950 Suite, Apt. #, Etc.							
City Ft F				ierce FL 34947			
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. or 617.0505, F.S.							
		. 0					
Signature of AFREADTLARE FERRED Date 1-28-2004							
REGISTERED AGENT MUST SIGN							
11. 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.							
CLARTHORE CATORIN 1 ST-MA (772)							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR Date Daytime Phone #							

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