

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 717408

1. Corporation Name

PALMER-KING DAY CARE CENTER, INC.

Principal Place of Business

2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

Mailing Address

2626 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 9/8

4. Date Incorporated or Qualified To Do Business in Florida

10/23/1969

5. FEI Number

59-1276707

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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
D	GREYER, JAMES Antoinette Clarke	4225 NW 21ST TERR 307 SW 16th Avenue	GAINESVILLE FL
D	ALEXANDER, GLADYS	727 SE 11TH ST	GAINESVILLE FL
D	BRADWELL, VERNELLE	4728 SE 19TH AVE	GAINESVILLE, FL 00000
D	MCPHERSON, LOTTIE	714 NE 25TH ST	GAINESVILLE, FL 05005--E -12/07/98--01143--004
D	DANIELS, ESTHER	830 NW 7TH AVE	GAINESVILLE FL ***236.25 ***236.25
D	DAVIS, SHELTON	502 NE 8TH AVE	GAINESVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARPER, JULIA M
1205 SE 11TH AVE
GAINESVILLE FL 32641

Name

Antoinette P. Clarke

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

307 SW 16th Avenue

Suite, Apt. #, Etc.

Apt. #430

City

Gainesville

State

FL

Zip Code

32601

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

Antoinette Clarke
REGISTERED AGENT MUST SIGN

Date 11/16/98

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)(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:

Antoinette Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98
Date

(352)
373-6049
Daytime Phone #

CR2E040 (8/98)