PLEASE READ ALL INSTRUCTIONS BEFORE CO[illegible]TING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 28 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 717408

1. Corporation Name
PALMER KING DAY CARE CENTER, INC.

REINSTATEMENT 01-03

2. Principal Office Address	**3.** Mailing Office Address
2626 E. UNIVERSITY AVE	"SAME"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SAME
City & State	City & State
GAINESVILLE, FL.	SAME
Zip / Country	Zip / Country
32601 / ALACHUA	

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/69

5. FEI Number: 59-1276707 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DONNA SMITH

Street Address (P.O. Box Number is Not Acceptable): 309 NE 19TH DRIVE

700011144567
01/28/03--01082--024 **358.75

Suite, Apt. #, Etc.:

City: GAINESVILLE | State: FL | Zip Code: 32641

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: Donna L. Smith — REGISTERED AGENT MUST SIGN — Date: January 22, 2003

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	DONNA SMITH	309 NE 19TH DRIVE	GAINESVILLE, FL 32641
D	GLADYS ALEXANDER	727 SE 11TH ST.	GAINESVILLE, FL 32601
D	VERNELLE BRADWELL	4728 SE 19TH AVE	GAINESVILLE, FL 32601
D	MARIE ALLEN	805 NE 24TH TERRACE	GAINESVILLE, FL 32641
D	REV. THOMAS A. WRIGHT	2100 NW 21ST ST.	GAINESVILLE, FL 32605
D	CORA ROBERSON	1631 SE 41ST AVE	GAINESVILLE, FL 32641

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)(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: Donna L. Smith — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA SMITH — 1/22/03 — Date — 352-373-6049 — Daytime Phone #

JS 1/29