

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2004



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721830

1. Corporation Name

Comp Blanding Child Care Center, Inc

2. Principal Office Address

45 NW 14th Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania Bch, FL

City & State

Zip

33004

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1373029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willie Mae Lawson

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

45 NW 14th Avenue

Suite, Apt. #, Etc.

City

Dania Beach

State

FL

Zip Code

33004

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

Willie Mae Lawson

REGISTERED AGENT MUST SIGN

Date

03.04.04

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	Willie Mae Lawson	45 NW 14 th Ave	Dania Bch FL 33004
VP	Cassandra Robinson	707 SW 9 th Ave #2	Dania Bch FL 33004
S	Sheneca Baynham	320 SW 13 th Street	Dania Bch FL 33004
T	Tommy McKinnie	12 NW 6 th Ave	Dania Bch FL 33004

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:

Willie Mae Lawson

Willie Mae Lawson 03.04.04 954-929-9468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)