

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 12 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **733928**

1. Corporation Name

GADSDEN COUNTY DAY CARE SERVICE, INC.

Principal Place of Business

Mailing Address

811 WEST 4TH ST
QUINCY FL 32351

911 WEST 4TH ST
QUINCY FL 32351



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-0182656

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
SD	HOLT, INEZ	861 S 11TH ST	QUINCY, FL 00000
TD	BRYANT, CLARENCE	715 CAMILLA AVE	QUINCY, FL 00000
PD	ANDERSON, MARILYN	707 SMITH STREET	QUINCY, FL 00000
D	SAILOR, LOUVENIA	RT. 2, BOX 268-A	QUINCY, FL 00000
D	BETSEY, SAM W JR	614 SO NINTH STR	QUINCY FL
D	HOUSTON, JULIUS C	902 FIFTH STR	QUINCY, FL 00000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBBINS, MARGARET
16 W CIRCLE DRIVE
QUINCY FL 32351

Name

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

Suite, Apt. #, Etc.

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

Margaret Robbins
REGISTERED AGENT MUST SIGN

Date

11-10-97

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)(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:

Margaret Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-97

Date

875-2685

Daytime Phone #

CR2E040 (8/97)