

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 30 AM 8:45

B4/30/09

**REINSTATEMENT**

700154191567  
04/30/09--01004--003 \*\*\$15.00

CR2E081 (12/08)

DOCUMENT # 733928

1. Corporation Name

Gadsden County Day Care Service, Inc.

2. Principal Office Address - No P.O. Box #

911 W 4th Street

Suite, Apt. #, etc.

3. Mailing Office Address

911 W 4th Street

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

U.S.

Zip

32351

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

1975

5. FEI Number

51-0182656

☒ 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

Tamaria Thomas

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

3600 Coyote Creek Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Tamaria Thomas

Date

4/29/09

REGISTERED AGENT MUST SIGN

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
SD	Inez Holt	661 S 11th Street	Quincy, FL 32351
TD	Clarence Bryant	715 Camilla Avenue	Quincy, FL 32351
D	Julius C Houston	902 Fifth Street	Quincy, FL 32351
PD	Marilyn Anderson	707 Smith Street	Quincy, FL 32351
ED	TAMARIA THOMAS	3600 Coyote Creek Dr	Tallahassee, FL 32301

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 contained in Chapter 119, 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:

Tamaria Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/09

Date

850-875-2685

Daytime Phone #