

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1082

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 APR -4 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745079

1. Corporation Name

Ridgecrest Day Care Center, Inc.

Principal Place of Business

Mailing Address

13100 120th Lane North
Largo, FL 33778

687-7200

REINSTATEMENT

93-97

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-6045871

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Tasker Beal Jr.	1731 Taylor Lake Place	Largo, FL 33778
Sec.	Annie Gardner	13141 120th Street N	Largo, FL 33778
Tres.	Geneva Waters	12001 Belcher Rd.	Largo, FL 33773
Asst. Tres.	Waymon Bailey	1090 16th Ave. SW	Largo, FL 33770
Asst. Tres.	Lutherine Russell D.Y.	1397 Crosby Street D.Y.	Largo, FL 33778 D.Y.
Exec. Dir.	Barbara McCluster	13650 94th Ave. N	Seminole, FL 33778

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Barbara McCluster
13100 120th Lane North
Largo, FL 33778

Name

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

100002136791--6

Suite, Apt. #, Etc.

04/08/97-01109-002

City

****481.25 ****183.25

State

Zip Code

FL

481.25

10. 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

Barbara McCluster

Barbara McCluster

REGISTERED AGENT MUST SIGN

Date

Mar 24, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Barbara McCluster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/97 (813) 584-842

Daytime Phone #

CR2E040 (12/96)

2 of 2

attachment

VIVIAN CAPHART DIRECTOR 1609 TAYLOR LAKE CIRCLE
LARGO, FL 33778

BARBARA TAYLOR DIRECTOR 1665 TAYLOR LAKE PLACE
LARGO, FL 33778

WANDA McCATHAN DIRECTOR 1474 CROSBY STREET.
LARGO, FL 33778