

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 29 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G89092**

1. Corporation Name

**CHILDREN'S DISCOVERY DAY CARE CENTER, INC.**

Principal Place of Business

3812 N. ARMENIA AVENUE  
TAMPA FL 33607  
US

Mailing Address

P O BOX 17787  
TAMPA FL 33682-787  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**Post Office Box 17787**

Suite, Apt. #, etc.

City & State

**Tampa, Fla.**

Zip

**33682**

Country

**Hills**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**2000**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/07/1984**

5. FEI Number

**59-2411403**

Applied For

Not Applicable

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	4 City, State, Zip
PS	DICKINSON, ERNESTINE	15938 NOTTINGHILL DR.	LUTZ FL
VT	DICKINSON, PARNELL	15938 NOTTINGHILL DR.	LUTZ FL
PS	Dickinson, Ernestine	1646-WALLACE Rd	Lutz, Fla
VT	Dickinson, Parnell	1646-WALLACE Rd	Lutz, Fla

8. Name and Address of Current Registered Agent

DICKINSON, ERNESTINE  
15938 NOTTINGHAM DR.  
LUTZ FL 33546

9. Name and Address of New Registered Agent

Name  
**Ernestine Dickinson**  
Street Address (P.O. Box Number is Not Acceptable)  
**1646-WALLACE Rd**  
Suite, Apt. #, Etc.  
**Lutz**  
City  
**FLA** State Zip Code  
**33549**

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

**Ernestine Dickinson**  
REGISTERED AGENT MUST SIGN

Date **12-26-00**

11. 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:

**Ernestine Dickinson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-26-00-83-928-1477**  
Date Daytime Phone #

CR2E040 (8/00)