

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J11483

1. Corporation Name

Shady Oaks Private School and Child Care, Inc.

2. Principal Office Address

2355 N. Orange Blossom Tr.

Suite, Apt. #, etc.

3. Mailing Office Address

2355 N. Orange Blossom Tr.

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34744

Country

Osceola

Zip

34744

Country

Osceola

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/24/1986

5. FEI Number

59-2676104

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

Mary E. Nussbickel

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

2355 N. Orange Blossom Tr

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

Mary Nussbickel

REGISTERED AGENT MUST SIGN

Date

April 22, 2005

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
P/D	Nussbickel, Mary E	100 E. Washington Ave	Kissimmee, FL 34744
S/D	New, Nancy S	1603 W. Magnolia St	Kissimmee, FL 34741
T/D	Nussbickel, William L	1395 Sugar Cane Dr	Kissimmee, FL 34744
V	Nussbickel, Wilber	100 E. Washington Ave.	Kissimmee, FL 34744

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:

Mary Nussbickel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22-2005 407-847-6465

Date

Daytime Phone #

CR2E081 (01/05)