

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**



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

FILED

JAN 18 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K21390

**1. Corporation Name**

Little Friends at Lakewood, Inc.

**2. Principal Office Address**

6133 San Jose Blvd.

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 8832

Suite, Apt. #, etc.

**City & State**

Jacksonville, FL

**City & State**

Jacksonville, FL

**Zip**

32217

**Country**

USA

**Zip**

32239

**Country**

USA

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

4/19/88

**5. FEI Number**

59-2884773

**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 F. Keith

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

6311 Whispering Oaks Dr. W.

**Suite, Apt. #, Etc.**

**City**

Jacksonville

300003129973--5

-02/03/00--01086--033

State \*\*\*300.00 \*\*\*300.00

FL 32277

**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 F. Keith

**Date**

1/10/00

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
Pres/	Mary F. Keith	6311 Whispering Oaks Dr. W.	Jacksonville
Tres.	Robert H. Keith	" " "	FL 32277
V.P./Sec.			

**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 F. Keith

Mary F. Keith

**Date**

1/10/00

**Daytime Phone #**

(904)

733-2391

745-8608



January 11, 2000

To: Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

From: Mary F Keith  
6311 Whispering Oaks Dr. W.  
Jacksonville, Fl. 32277  
(904) 745-8608

I need to file an Annual Report for 5/99 for my pre-school business, Little Friends at Lakewood, Inc.(FEI# 59-2884773) and also request that I be re-instated as an active corporation. I never received an annual report for 1999, possibly due to my change of address. I spoke with Michelle in your office on 1/3/00 and she informed me that I could possibly have the penalty waived in this particular case. I realize if this is acceptable to you, it would be a "one time only" acception. Under normal circumstances, hopefully, I would have realized that the date had past to file my annual report and at that time I could have contacted your office. However, I had some personal problems this year. My mother died of cancer on May 20, 1999 and obviously I was not as conscientious as I should have been. I would appreciate any help in this matter to have my business re-instated. I include a check for \$300. as per instructions by Tyrone in your office on 1/10/00. Thank you very much!

Sincerely,

*Mary F Keith*