

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR <sup>97</sup>  
REINSTATEMENT



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

APPROVED  
AND  
FILED  
1997 JUL 24 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K77970

1. Corporation Name

Teresa's Day Care, Inc.

Principal Place of Business

Mailing Address

94 Walton Road  
DeFuniak Springs, FL 32433

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

1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

89 2957280

Applied For

Not Applicable

City & State

City & State

Zip

Country

Walton

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/Secre	Teresa Miller	5065 State Hwy 83	DeFuniak Spg, FL 32433
rice Pres			
Treasurer	Robert Lynn Miller	5065 State Hwy 83	Same
			400002251014--9
			-07/29/97--01087--011
			****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

N/A

Name

Teresa Miller

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

5065 State Hwy 83

Suite, Apt. #, Etc.

City

DeFuniak Spg

State

FL

Zip Code

32433

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

Teresa Miller

REGISTERED AGENT MUST SIGN

Date

7/5/97

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

Teresa Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/97

Date

850-892-4858

Daytime Phone #

CR2040 (12/96)