

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 16 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K91614

1. Corporation Name

FARAH'S ANGELS DAY CARE CENTER, INC.

2. Principal Office Address

15002 NE 12TH Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

% EDWARD SILER CPA

Suite, Apt. #, etc.

2419 HOLLYWOOD BLVD.

City & State

MIAMI, FL

City & State

HOLLYWOOD, FL.

Zip

33161

Country

DADE

Zip

33020

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1989

5. FEI Number

65-0122487

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

99-02

7. Name and Address of Current Registered Agent

Name

DESGRANGES, YANICK

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

15002 NE 12TH AVE.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33165

000007853860--0
-09/19/02-01080-009
***600.00 ***600.00

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

REGISTERED AGENT MUST SIGN

Date

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
PTD	DESGRANGES, YANICK	701 NE 153RD ST	MIAMI, FL.
VSD	DESGRANGES, JEAN -C.	701 NE 153RD ST	MIAMI, FL.

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: *Yanick Desgranges*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02

Date

(954) 920-9450

Daytime Phone #

CR2E081 (9/01)

2082

September 12, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Dear Sirs:

Enclosed is my reinstatement application for FARAH'S ANGELS DAY CARE CENTER, INC., and a check in the amount of \$600.00. Please waive the late fees for I have not received the annual filing forms or any reinstatement notices. My secretary searched through your website yesterday and found that the corporation had been dissolved since 1999.

Thank you very much for your cooperation in this matter.

Sincerely,



VICTORIA MORENO
Accountant