

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  
**REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 22 AM 11:53

**DOCUMENT # L08688**

1. Corporation Name  
**DOWNTOWN TODDLER CLUB, INC.**

Principal Place of Business      Mailing Address  
**100 SO. BISCAYNE BLVD.**      **100 SO. BISCAYNE BLVD.**  
**4TH FLOOR**      **4TH FLOOR**  
**MIAMI FL 33131**      **MIAMI FL 33131**

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 <b>08/14/1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0173081</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PVP	DENSTAG, CYNTHIA J.	100 S BISCAYNE BLVD 4 FL	MIAMI FL
ST	WEINTRAUB, LISA	100 S BISCAYNE BLVD 4 FL	MIAMI FL

200003033162-1  
-11/02/99--01101--019  
\*\*\*\*150.00 \*\*\*\*150.00

10/10/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DENSTAG, CYNTHIA**  
**100 S BISCAYNE BLVD.**  
**4TH FLOOR**  
**MIAMI FL 33131**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City      State **FL**      Zip Code

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: *Cynthia Denstag*  
REGISTERED AGENT MUST SIGN

Date **10/19/99**

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: *Cynthia Denstag*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/19/99**      305-258-4680  
Daytime Phone #



## **DOWNTOWN TODDLER CLUB**

**Quality Child Care in a Convenient Location**

October 20, 1999

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Corporation Reinstatement  
#L08688

To whom it may concern:

Enclosed please find our signed application for reinstatement along with our check in the amount of \$150.00. We did not receive any notices for filing this report except the current one which states that our corporation has been dissolved. Upon calling your office, I was advised to submit the enclosed form along with our check. I respectfully request that you waive any penalties or late charges associated with this transaction.

Sincerely,

Lisa Weintraub  
Secretary/Treasurer