

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

102

FILED

02 OCT 28 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12448

1. Corporation Name

LITTLE FOLKS DAY CARE CENTER, INC.

Principal Place of Business

326 N.W. 7TH AVENUE
DELRAY BEACH FL 33444

Mailing Address

326 N.W. 7TH AVENUE
DELRAY BEACH FL 33444



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3-29-02 90199013-15080

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1989

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	BURNS, MILDRED	330 NW 7TH AVE	DELRAY BEACH FL 33444

8. Name and Address of Current Registered Agent

BURNS, MILDRED
330 NW 7TH AVE
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Mildred Burns
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/2002

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:

Mildred Burns
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2002 361-276-2920

Date

Daytime Phone #

282

**LITTLE FOLKS DAY CARE CENTER
326 NORTHWEST 7TH AVENUE
DELRAY BEACH, FL 33444**

October 24, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

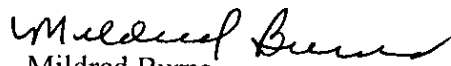
Re: Per telephone conversation on October 24, 2002 with your representative.

Dear Sir:

This letter is to explain that the Registered Agent for the Little Folks Day Care Center, Inc. has not changed from Ms. Mildred Burns. The name of the corporation was written in the registered agent block by mistake. We are asking that the reinstatement fee be waived because our report and fee was paid before the deadline.

We regret that we made this mistake and hope that you will reinstate our corporation. Thanks in-advance for your support and help to correct this matter.

Sincerely,


Mildred Burns