PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM. PAGE 10/2	
REINCHARON	FILED			
DOCUMENT # 1 25536			97 APR 17 PH 12: 24	
Nannies who Care, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				
2515 Mulberry Orive Mulberry Palm Harbor, FL 34684				
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 Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For	
City & State	City & State		65 - 0154585 Not Applicable	
Zip Country	Zip Countr	у	CERTIFICATE OF STATUS DESIRED 588.75 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)				
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers) 4				
Pres. Debra M. Brown 2575 Mulberry Dr. Palm Harbor, FL 34684  BOODD 2148138-9  WWW.365,00 ****365.00				
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
Debra M. Brown 2515 Mulberry Drive		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
Palm Harbor, FL 34684 City			State Zip Code	
10. I, bring 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  Date  3/3//7  11. Does this corporation pay any intangible tax to the  (See other side for information)				
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Solution in Information on intangible tax.)  12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling 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., and that all eves owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. Brown 3/3/97  Date 8/3-784-8868				

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April 2, 1997

2515 MULBERRY DRIVE • PALM HARBOR FLORIDA 34684 • (813) 784-8868 • FAX (813) 784-8933 Department of State Division of Corporations P. O. Box 6327

Dear Sir or Ms:

Tallahassee, FL 32314

I have recently learned that my corporation was dissolved in 1996 because I did not file my annual report and pay the fee for last year.

I had moved my place of business as well as my home this past year and although mail was supposed to be forwarded to my new address, I never received the renewal notice. Having been in business since 1989 you can see from my records that I have always filed my report in a timely fashion. Due to the fact that we were so involved with our move, I did not realize the time past for my renewal, and realized it when doing my tax returns.

Therefore, I am enclosing my check in the amount of \$330.00 to cover the fees for last year and this year, and would appreciate it if you would consider waiving the very high penalty fee that may be incurred on my small business.

Very truly yours,

NANNIES WHO CARE, INC.

Debra M. Brown

Enclosure