

# L 27010



Office Use Only

NUMBER(S), (if known):

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(Corporation Name) (Document #)
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- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

3/10  
 300002109523--4  
 -03/11/97--01034--013  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

*Coradores*  
*Linda*

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 97 MAR 10 PM 12:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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West Brooke Builders, Inc.  
14040 SW 140 Street  
Miami Florida 33186

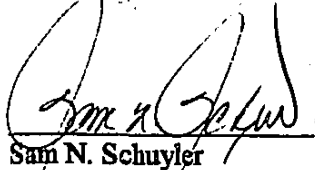
February 26, 1997

Division Of Corporation  
P. O. Box 6327  
Tallahassee Florida 32314

To Whom It May Concern:

Please be advised that I Sam N. Schuyler, hereby resigns as President of the above mentioned Corporation. Enclosed is a \$ 35.00 money order to cover your fees should you have any other questions please feel free to phone me at (305) 235-2709.

Thank You in advance for your immediate cooperation in this matter.

  
Sam N. Schuyler

FILED

97 MAR 10 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEBIT MEMORANDUM

000130

FOR OFFICIAL USE

DATE

NUMBER

TO :  
DEPARTMENT OF STATE

11/14/97

7102400

L 28980

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,283.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	2,283.75	OTHER	4

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	2	375.00
12	45-20-2-130001-45300000-00-000100-00	2	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	383.75
12	45-20-2-130001-45300000-00-000100-00	1	775.00

GRAND TOTAL:

\$ 2,283.75

RECEIVED

NOV 15 PM 3:35

Process Date: 01/06/97

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

1

ENDORSE HERE

DO NOT WRITE ON STATE 4500453

RESERVE FOR DEPOSIT ONLY

12/20/96 01054-016

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Security Screen

Annotations:  
If the document is authentic, the features listed below will be present. If the document is not authentic, the features listed below will not be present.

\* FEDERAL RESERVE BOARD OF GOVERNORS REG. CL



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

January 21, 1997

Crayon's Child Care Center, Inc.  
11406 State Rd. 84  
Davie, FL 33325

**SUBJECT: CRAYONS CHILD CARE CENTER, INC.**  
Ref. Number: L28980

Debit Memo #: 72400-C

This is to inform you that your check #7568 dated November 1, 1996 in the amount of \$375.00 and submitted for CRAYONS CHILD CARE CENTER, INC. has been returned to us by your bank because of Account Closed.

We request that you remit a cashier's check or money order in amount of \$393.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Melinda Lilliston  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call  
(904) 487-6900.

Sincerely,  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 497A00002809

cc: Crayons Child Care Center, Inc.  
11522 St. Road 84  
Davie, Florida 33325



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

March 14, 1997

Crayon's Child Care Center, Inc.  
11306 State Rd 84  
Davie, FL 33325

**SUBJECT: CRAYONS CHILD CARE CENTER, INC.**  
Ref. Number: L28980

Debit Memo #: 72400-C

Due to your failure to respond to our previous letter advising you of the returned check #7568, the Reinstatement for CRAYONS CHILD CARE CENTER, INC. has been cancelled and is considered not filed as of March 13, 1997.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 397A00013120

cc: Crayons Child Care Center, Inc.  
11522 St. Rd. 84  
Davie, Florida 33325