PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

L36156 **DOCUMENT#** 

1. Corporation Name

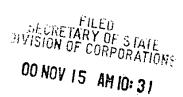
GIRTMAN CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

101 NE 5TH AVE. **BOYNTON BEACH FL 33435**  101 NE 5TH AVE.

**BOYNTON BEACH FL 33435** 




If above as	ddresses are i	incorrect in any way. line th	rough incorrect in	iformation a	nd enter correction below.	REINS'	TATEME	NT_	5/)
If above addresses are incorrect in any way, line through incorre  2. New Principal Office Address, If Applicable  3. New I			failing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business In Florida     12/14/1989			080	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		12/14/1	Applied For		
City & State		City & State			OF 0474004		Not Applicable		
Zip Country Zip		Zip	ip Country		6. CERTIFICATE OF STATUS DESIRED 1 \$8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Add	dresses of Each Officer and	l/or Director (Flo	rida nonpro	fit corporations must list at lea				
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
T	T GIRTMAN, BLANCHE H.			912 N.W. 3RD STREET		BOYNTON BEACH FL			
PD	GIRTMAN, EROYN D.		1920 N.E. 1ST LANE		BOYNTON BEACH FL				
S	GIRTMAN, ANGELA 1920 NE 1		E 1ST LANE	<del></del>		BOYNTON BEACH FL 000034962673			
							-12/12/0001012004 ****758.75 ****758.75		
		***	-			18 11/2	0		
						$D_{g,mb}$			
	8. Nam	e and Address of Current	Registered Age	ent		9. Name and Address of New Registered Agent			
		, <u>-</u>			Name	•			
GIRTMAN, EROYN D. 1920 NORTHEAST FIRST LANE				Street Address (	Street Address (P.O. Box Number is Not Acceptable)				
BOYNTON BEACH FL 33435			Suite, Apt. #, Etc	Suite, Apt. #, Etc.					
				City	State Zip Code			Code	
Signature o	of ,	e registered agent of the at	pove ramed corp	oration, am	familiar with and accept the c	bligations of Section	ion 607.0505, F.S.	130/	, 90
Registered	Agent	4110-110-11	EGISTERED A	ENT MUST	SIGN		Jaie 7		

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.

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