

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV -7 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L58908

1. Corporation Name

NANNIES 'N MORE, INC.

Principal Place of Business

Mailing Address

2700 W. OAKLAND PARK BLVD.  
SUITE 2750 D  
FT. LAUDERDALE FL 33311  
US

2700 W. OAKLAND PARK BLVD.  
SUITE 2750 D  
FT. LAUDERDALE FL 33311  
US

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

Suite, Apt. #, etc.  
Suite 2750 D  
City & State

Suite, Apt. #, etc.  
City & State

Zip Country

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 03/19/1990

5. FEI Number 65-0183688 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>PD</del>	<del>RACOW, STEVEN B.</del>	<del>7001 N FEDERAL HWY A-285</del>	<del>BOCA RATON FL</del>
<del>MD</del>	<del>RACOW, MARILYN</del>	<del>7001 N FEDERAL HWY A-285</del>	<del>BOCA RATON FL</del>
PD	RACOW, STEVEN B.	2700 W. OAKLAND PARK BLVD.	Ft. Lauderdale, FL
MD	RACOW, MARILYN	2700 W. OAKLAND PARK BLVD.	Ft. Lauderdale, FL

500002003085 FL  
-11/13/96--01123--019  
\*\*\*375.00 \*\*\*375.00

0611-8-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RACOW, STEVEN B.  
2700 W OAKLAND PARK BLVD  
SUITE 2750 D  
FT. LAUDERDALE FL 33311

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

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 9/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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: *[Signature]* REGISTERED AGENT MUST SIGN 9/17/96 Date 954 735-0902 Daytime Phone #  
MARILYN RACOW

CR02040 (7/90)