

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L61598

1. Corporation Name

MRS. HAMRICK'S PRE-SCHOOL INC.

Principal Place of Business

% JOHN WALLACE
24733 PARADISE ROAD SE
BONITA SPRINGS FL 33923

Mailing Address

600 GOODLETTE RD
STE 104
NAPLES FL 33940
US

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

2. New Principal Office Address, If Applicable

13180 Hamilton Harbor Dr.

Suite, Apt. #, etc.

Ste E-5

City & State

Naples FL

Zip

34110

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

34102

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1990

5. FEI Number

59-3009950

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVS	HAMRICK, IRENE	24733 PARADISE ROAD, SE 13180 Hamilton Harbor Dr & E5	BONITA SPRINGS FL Naples FL 34110

200008946932
11/13/02--01014--004 **150.00

8. Name and Address of Current Registered Agent

HAMRICK, IRENE
13180 HAMILTON HARBOR
STE E5
NAPLES FL 33942

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

34110

CR20040 (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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MRS. HAMRICK'S PRE-SCHOOL, INC.
13180 HAMILTON HARBOR DR #E-5
NAPLES, FL 34120
(239) 598-3030

October 23, 2002

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Document No. L61598
2002 Uniform Business Report

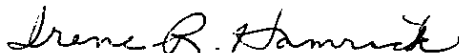
Gentlemen:

The original Report was never received. The enclosed report was received recently. Upon receipt, I called the Division of Corporations to explain the problem, I was told to write this letter explaining the situation and to send it in with the \$150.00.

Check number 187, in the amount of \$150.00, is enclosed to cover this report.

Thank you.

Sincerely,



Irene Hamrick
President

/rr

Enclosures