

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 11 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M38630**

1. Corporation Name

DISCOVERY DAY CARE, INC.

REINSTATEMENT 02



900008974719
11/14/02--01001--023 **750.00

Principal Place of Business Mailing Address
C/O KATHRYN A. BARIL
3153 S.W. 67 AVE.
MIAMI FL 33155
C/O KATHRYN A. BARIL
3153 S.W. 67 AVE.
MIAMI FL 33155
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/18/1986	
City & State		City & State		5. FEI Number	
Zip		Country		59-2718059	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BARIL, ROBERT J.	3153 S.W. 67 AVE.	MIAMI FL
VD	BARIL, KATHRYN A.	3153 S.W. 67 AVE.	MIAMI FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARIL, KATHRYN A. 3153 S.W. 67 AVE. MIAMI FL 33155		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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. or 617.0505, F.S.

Signature of Registered Agent Kathryn A. Baril **SIGNATURE REQUIRED** Date 11/7/02
REGISTERED AGENT MUST SIGN

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: Kathryn A. Baril **SIGNATURE REQUIRED** Date 11/7/02 (305) 665-7437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)