

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 22 PM 3:52

DOCUMENT # M65741

1. Corporation Name

MRS. PEARSON'S DAY CARE AND LEARNING CENTER, IN
C.

Principal Place of Business

1401 LONG STREET
LAKE LAND FL 33801

Mailing Address

1401 LONG STREET
LAKE LAND FL 33801

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, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1988

5. FEI Number

59-2884141

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
PD	PEARSON, LINDA S.	520 PEARSON'S PATH	AUBURNDALE FL
STD	PEARSON, RICHARD A.	520 PEARSON'S PATH	AUBURNDALE FL

600003060956--8
-12/06/99--01009--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PEARSON, LINDA S.
520 PEARSON'S PATH
AUBURNDALE FL 33823

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

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

Linda S. Pearson

REGISTERED AGENT MUST SIGN

Date 11/16/99

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:

Linda S. Pearson Linda S. Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/99
Date

863/665-1497
Daytime Phone #

CP2E040 (8/99)



Happy Time Learning Center

1401 Long St. • Lakeland, FL 33801

(813) 665-1497

November 12, 1999

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314-6327

re: annual report

To Whom It May Concern:

I spoke to your office today and they advise me to send in my report, due to the fact that I had not received the first report to fill out. I had not receive notice to fill it out. We have had a few problems with our mail being taken out of the box and strewn over the local area.

Please reinstate the corporation as stated.

Thank you,

Richard A. Pearson
Sec/Tres.