

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M85094**

1. Corporation Name

BURRELL'S KINDERGARTEN & NURSERY SCHOOL, INC.

Principal Place of Business

Mailing Address

4162 SPRING PARK CIRCLE
JACKSONVILLE-FL-32207
US

4162 SPRING PARK CIRCLE
JACKSONVILLE FL 32207



REINSTATEMENT 03

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

06/06/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2951963

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BURRELL, GEORGE	7614 HILDALE RD.	JACKSONVILLE FL 32216
D	BURRELL, BESSIE M.	4162 SPRING PARK CIRCLE	JACKSONVILLE FL

000023908620

10/17/03--01064--001 **150.00

8. Name and Address of Current Registered Agent

STEFFEY, FRED H.
6620 SOUTHPOINT DRIVE S.
#300
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name **George T. Burrell**
Street Address (P.O. Box Number is Not Acceptable)
7614 Hilsdale Rd.
Suite, Apt. #, Etc.
City **Jacksonville** State **FL** Zip Code **32216**

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

George T. Burrell
REGISTERED AGENT MUST SIGN

Date **10-9-2003**

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:

George T. Burrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-2003 909 737
Date Daytime Phone # **4988**

CR2E040 (7/03)

Burrell's Kindergarten & Nursery School, Inc.
4162 Spring Park Circle
Jacksonville, FL 32207

October 10, 2003

Dear Sirs,

I am writing in regards to the recently received Certificate of Administrative Dissolution or Revocation. To the best of my knowledge, we did not receive the first two notices.

I am enclosing the Annual Report and the \$150.00 fee and would appreciate your assistance in the matter of reinstatement.

Thank you in advance for your cooperation in this matter. If you have any questions or concerns, I can be reached at (904)737-4988.

Sincerely,

A handwritten signature in cursive script, reading "George T. Burrell, Jr.".

George T. Burrell, Jr.
President