

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 OCT 28 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001948

1. Corporation Name

ROSS SMALL WORLD INCORPORATED

Principal Place of Business

5620 47TH ST.
VERO BEACH FL 32967

Mailing Address

5620 47TH ST.
VERO BEACH FL 32967

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

03/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0928573

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 | MCKENZIE, BRENDA | 4285 39TH ST | VERO BEACH FL 32960 |
| D | ROLLE, SAMUEL | 473 CARAVAN TER | SEBASTIAN FL 32958 |
| D | JENKINS, LORINE | 1405 SW 20TH AVE | VERO BEACH FL 32962 |
| D | ROSS, MERCY | 5620 47TH ST | VERO BEACH FL 32967 |
| D | HOLT, WILLIAM | 1850 40TH AVE B302 | VERO BEACH FL 32960 |

400008664304
10/29/02--01060--014 **61.25

8. Name and Address of Current Registered Agent

HOLT, WILLIAM
1850 40TH AVE., B-302
VERO BEACH FL 32960

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. 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

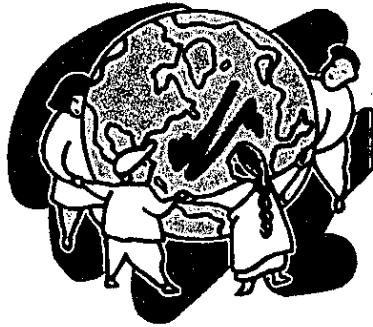
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02 772-567-3608

Date

Daytime Phone #

CR2E040 (8/02)



Ross Small World Child Care Inc.

October 21, 2002

Please accept this letter of request to reinstate this corporation, our office did not receive the two prior uniform business report notices. The fee to file for a not-for-profit corporation of \$61.25 is enclosed.

Thank you for your prompt attention to this matter.

**Mercy Ross
Director**

A handwritten signature in cursive script that reads "Mercy Ross".