

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT

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

FILED

01 NOV -9 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004340

1. Corporation Name

MI CASITA DAYCARE II, INC.

Principal Place of Business

3501 W FLAGLER ST
MIAMI FL 33125

Mailing Address

3501 W FLAGLER ST
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable

8025 NW 36 ST
Suite, Apt. #, etc.
#302

City & State
Miami FL

Zip
33166

Country
DADE

3. New Mailing Office Address, If Applicable

8025 NW 36 ST
Suite, Apt. #, etc.
#302

City & State
Miami FL

Zip
33166

Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/2000

5. FEI Number

65-6075655

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ORTIZ, ARMANDO	3501 W FLAGLER ST	MIAMI FL 33125
S/D	INOA, CATHERINE	3501 W FLAGLER ST	MIAMI FL 33125
T/D	CORDERO, ALFONSO	8025 NW 36 ST, STE 302	MIAMI FL 33166

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8. Name and Address of Current Registered Agent

CORDERO, ALFONSO
3501 W FLAGLER ST
MIAMI FL 33125

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/14/01

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 #

10/14/01

November 7, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Attached is the annual report for Mi Casita DayCare II, Inc. for 2001. We never receive any previous notices for annual report filing. Please process accordingly.

Thank in advance for you attention.


Alfonso Cordero