

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 21 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01-02
JBB

DOCUMENT # N00000005915

1. Corporation Name

Creative Kids Child Care, Inc.

2. Principal Office Address

6025 SW 11TH Place

Suite, Apt. #, etc.

Apt. # B

City & State

Gainesville, FL

Zip

32607

Country

USA

3. Mailing Office Address

P.O. Box 2142

Suite, Apt. #, etc.

City & State

Alachua, FL

Zip

32616

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-07-00

5. EEL Number

59-3668007

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tina McClain

Street Address (P.O. Box Number is Not Acceptable)

6025 SW 11TH Pl., Apt. B

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Tina D. McClain	6025 SW 11 TH Pl Apt. B	Gainesville, FL 32607
Dir.	Willie Jackson, Jr.	"	"
Dir.	Charlesia Hunt	"	"

10. 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:

Tina D. McClain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-16-02 (352) 332-4720

Date

Daytime Phone #

CR2E081 (9/01)

Friday, August 16, 2002

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Florida Department Of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

TO: Whom It May Concern

~~RE: Greative-Kids Child Care, Inc.~~
(N00000005915)

I am writing this letter to inform your department that I "did not" receive the Uniform Business Report that was sent out in reference to the above business and/or document number.

Due to my not receiveing such reports, I am too, requesting that "all" fees and late charges be waived at this time.

If you have any questions I can be reached at (352) 332-6720.

Thank you for your time and attention concerning this matter.

Sincerely,



Tina D. McClain
tdmc